RT
1
P8
v. 11
no. 8 1919
c. 1
BMES

ANNUAL REPORT NUMBER

Vol. XI No. 8

THE Public Health Nurse

AUGUST, 1919

LIBRARY
NOV 27 2000
UNIVERSITY OF TORONTO

CONTENTS

Editorial 573
Is a Visiting Nurse a Public Health Nurse? 575
Theory or Experience? 579
Annual Report of the National Organization for Public Health Nursing 582
Work of the Public Health Nurse in Italy 620
Study of Public Health Nursing in Westchester County . . 635
Statistics of Public Health Nurses 658
The Midwives and Our Foreign Born in America 659
Meeting of the National League for Nursing Education . . 664
Activities of the National Organization 669
Book Reviews and Bibliography 677
Notes from the Field 680

Fellows' Syrup of the Hypophosphites

Brilliant results are obtained from the administration of this long-tried and standard preparation

TRY IT!

Samples and literature sent upon request to

FELLOWS MEDICAL MFG. CO., Inc.
26 Christopher Street NEW YORK

DISTRICT	DUE DATE
Hillcrest	
Moss Park	11-9-19
University	
Woodbine	
Runnymede	
Yorkville	16-9-19
Parkdale	
Office	

The Public Health

A Magazine published in the interest of Visiting
many phases of the Nurse's work in the
Tuberculosis Crusade, in the fight aga
and in other Social and Medi

Published monthly by t
NATIONAL ORGANIZATION FOR PUBLIC
At 612 St. Clair Avenue, N. E., Cl

Editorial Staff

MISS ANNIE M. BRAINARD, *Editor*
MISS M. JOSEPHINE SMITH, *Managing Editor*
MRS. JOHN H. LOWMAN, *Associate Editor*
MRS. R. L. IRELAND, *Associate Editor*

612 St. Clair Avenue, N. E.
Cleveland, O.

Contributing Editors

MISS M. ADELAIDE NUTTING, R.N., *Director, Department of Nursing and Health, Teachers College, Columbia University, New York City*
MISS ELLA PHILLIPS CRANDALL, R.N., *Executive Secretary of the National Organization for Public Health Nursing, 156 Fifth Ave., New York City*
MISS EDNA L. FOLEY, R.N., *Superintendent of the Visiting Nurse Association, Chicago, Ill.*
MISS ELLEN N. LAMOTTE, R.N., *Wilmington, Del.*
MISS MARY BEARD, *Director, Instructive District Nursing Association, Boston, Mass.*
MISS MARY L. GARDNER, R.N., *Superintendent, District Nursing Association, Providence, R. I.*
MISS MARY E. LENT, R.N., *Associate Secretary, National Organization for Public Health Nursing*

Subscription Price.....$2.00

THE PUBLIC HEALTH NURSE is included in membership in the National Organization.

Advertising Rates may be had upon application.

Copyright by The National Organization for Public Health Nursing

Entered as second-class matter August 28, 1918, at the postoffice at Cleveland, Ohio, under the Act of March 3, 1879.
Acceptance for mailing at the special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 27, 1918.

CONTENTS

Editorial:

The Guardianship of an Ideal 573

Is a Visiting Nurse a Public Health Nurse? ELIZABETH G. FOX 575

Theory or Experience? 579

Annual Report of the National Organization for Public Health Nursing 582

Work of the Public Health Nurse in Italy. MARY S. GARDNER 620

Study of Public Health Nursing in Westchester County. ZOE LA FORGE 635

Statistics of Public Health Nurses 658

The Midwives and Our Foreign Born in America. FLORENCE S. WRIGHT 659

Meeting of the National League for Nursing Education. BESSIE A. HAASIS 664

Activities of the National Organization:

The States and THE PUBLIC HEALTH NURSE 669

The New York Office 671

Child Welfare Demonstration in Louisiana 672

Library Department 673

Book Reviews and Bibliography 677

Notes from the Field:

National Physical Education Service 680

An Instruction Camp for Public Health Officers and Nurses 681

A Meeting of Health Officers and Public Health Nurses 682

First Minister of Health Appointed in England 684

Iowa Passes Public Health Nursing Bill 685

International Medical Conference at Cannes 685

France Adopts American Child Welfare Methods 686

Pioneer Work in Arkansas 687

Some Figures from North Carolina 688

Public Health Nursing Section Formed in West Virginia 688

A Hundred Per Cent Association 688

A pleasant and palatable preparation that does not have to be taken in gradually increasing doses until the stomach can tolerate it.

ANGIER'S EMULSION

Petroleum with Hypophosphites

has been recognized and prescribed by physicians for the past thirty years. It is especially indicated and useful in stubborn, chronic coughs; pulmonary tuberculosis; whooping cough; measles; indigestion; constipation; malnutrition; intestinal affection; influenza and la grippe.

TRIAL BOTTLES FREE TO REGISTERED NURSES

ANGIER CHEMICAL CO.
BOSTON - MASSACHUSETTS

LIVE LANTERN SLIDES FOR HEALTH LECTURES

A picture tells more at a glance than a hundred words of narrative, and its message is remembered far longer.

EDEXCO LANTERN SLIDES

will add force and entertainment to your Health Talks.

Our new list comprises over a thousand slides on School, Child, Baby and Mouth Hygiene; Flies, Mosquitoes, Milk and Tuberculosis.

Send a Postal Today

for our new list of slides—it is FREE for the asking.

EDUCATIONAL EXHIBITION

335 Custom House St., Providence, R. I.

"Dalrymple"

"Reg. U. S. Pat. Off."

A good name to think of when in need of a practical nursing chart, with a medical record on the front of the page, and a temperature record on the back of the page. Made up in book form of fifty perforated sheets. Compare the number of other charts in use, with the number of Dalrymple charts used, and ask yourself Why? Then when you need what is rapidly becoming the standard chart of the Nursing profession, go to your druggist and ask for a book of Dalrymple Nurses Medical and Fever charts. If he hasn't got it, get one for fifty cents postpaid from E. P. McNamee, 123 Liberty St., New York City. Remember the name.

"Dalrymple"

"Reg. U. S. Pat. Off."

The
Public Health Nurse

VOL. XI AUGUST 1919 No. 8

EDITORIALS

THE GUARDIANSHIP OF AN IDEAL

This number of THE PUBLIC HEALTH NURSE is the Annual Report Number of the National Organization for Public Health Nursing, for the year 1918, and, as such, we commend it to the careful attention of our readers, and especially that section of it which embodies the report of the Executive Secretary.

One cannot fail to be impressed by the ground that the Organization has won and held during the past year. Public Health Nursing standards had been declared and protected early in the life of the Organization, and it had been largely the interpreter of the meaning and value of Public Health Nursing to the general public; but with the coming of the war it was found necessary to secure for the Organization, as officially representing Public Health Nurses throughout the country, such a definite national status as would insure its right to complete self-determination and would place it beyond all danger of losing its identity and peculiar form of usefulness.

The purpose of such an organization should be to promote health through a type of nursing which associates the bedside care of the sick in their homes with such demonstration and instruction as will aid not only in the casual prevention of disease in individual instances, but also in a steady, constructive effort to increase the health of the community as a whole. In order to achieve this end it has been necessary constantly to sharpen the focus of attention on health activities as such, and to maintain the integrity of nursing care as of prime importance both for the cure of disease and for the complete rehabilitation of health and the prevention of further illness. Thus, from the care of the individual the Public Health Nurse extends her protection to the family, and to the fellow workers of the family, with whom its members associate in shop, factory, school or public assembly.

It is for such an ideal that the National Organization for Public Health Nursing has fought, and beyond a doubt it has established and identified it as one of the living and growing forces of the age, for the promotion of human health.

The duty of an organization to its members is to declare and maintain a corporate ideal and to protect this ideal from deterioration from within and from invasion from without. It is also its duty to enlarge the number of individuals who will serve and carry forward this ideal through personal service; and to secure such general knowledge concerning the aim and purposes for which it stands as to gain the assent and moral support of an increasingly large proportion of the public, since that which is for the public good must be recognized and morally underwritten by the public which it is privileged to serve.

All these duties and obligations of a faithful organization toward its members we hold that the National Organization for Public Health Nursing has most worthily performed; and we believe that a careful reading of Miss Crandall's report will prove that all of us, as members, can safely entrust to this Organization the guardianship of an ideal which can only be preserved by a corporate entity which, embodying within itself all that is strongest and best in the union of many individuals, is yet freed from the accidents and inconsistencies to which every individual life is inevitably subject.

IS A VISITING NURSE A PUBLIC HEALTH NURSE?

BY ELIZABETH G. FOX

Acting Director, Red Cross Bureau of Public Health Nursing

Whether a Visiting Nurse is a Public Health Nurse or not depends somewhat on the definition of *public health.* We may limit this term to the usual activities of many a health department, namely: sanitation, control of communicable disease, child hygiene, vital statistics and educational work through exhibits, traveling cars, lectures, movies and literature; and declare that Public Health Nurses are nurses engaged solely in these activities. Dr. Hill apparently would narrow the field of public health even more to cover the suppression of communicable disease only, even throwing out prenatal and infant welfare work and education in personal hygiene, as belonging to the realm of therapeutics, as they do not deal "with the inter-relations of individuals to each other." Then, indeed, we restrict this group sharply and exclude a large number of nurses for whom must be found some new, less limited and more comprehensive name, such, perhaps, as "social health nurses." Or we might allow the health officers to plagiarize our name, "Public Health Nurse" and to restrict it to cover only those nurses employed by health departments, who are consequently *public* nurses; and we might use for all the rest of the great body of visiting nurses the name "health nurses." Public Health Nursing would then be one branch of health nursing.

But if the modern conception of public health means the securing for each and every person an equal opportunity to have a sound body, normal development, good health, every chance within human limits to complete and prompt recovery from illness through adequate service, protection from degenerative diseases in middle age, and a full span of life of maximum usefulness, then the Visiting Nurse is one of the most valuable instruments of public health.

According to this conception, public health does not stop with prenatal instruction, but it accompanies and guards the mother and baby through the perils of birth and the post partum period. It does not consider that it has fulfilled its duty in giving instructions in the complicated technique of prophylaxis to the anxious wife of a typhoid patient, but it saves the individual, while protecting the many, by sending a visting nurse to give skilled care, to teach the wife prophylactic measures by repeated demonstration and to keep a continuous check on their observance. Nor does it hold baby

health clinics for well children and then allow sick children to die of pneumonia or dysentery for lack of nursing care. It has discovered that degenerative diseases and carcinoma are greatly on the increase in middle life, and it considers that it has the duty not only of studying the cause of this phenomenon in order to eliminate it if possible, but also of providing the benefits of scientific knowledge and skill for those thus afflicted, that they may continue useful members of society. Shall diabetics, cardiacs, rheumatics, psychopaths and other medical patients meet premature deaths after a discouraging series of visits to the hospital, losing each time at home what was previously gained in the hospital? Or is it in the interests of public health for a visiting nurse to follow these patients home after the hospital has done its best for them, and there, through a wise choice of work and a careful adjustment of their daily habits, to guide and hold them to a regimen that will prolong their lives and possibly enable them to earn their livings without repeated break downs?

Knowing that there are wide areas in this country without hospitals and with the scantiest medical service, where the maternal and infant death rates are high and where trained care during illness is almost unobtainable, shall public health say it is not one of its functions to cut down those mortality rates by providing the first instrument that seems practical, usually the Visiting Nurse?

The Visiting Nurse enters a home more often than not because nursing care is needed, but while busy with her hands she is "on the job" also with her eyes, her wits and her tongue. She may find many things wrong, some which need medical or hospital treatment and others which will yield to gentle suggestion and wise adjustment. In one home she finds the two-year-old has never had its birth registered and has not been weaned. In the next, the mother of the patient confides to her alert ear symptoms that suggest early carcinoma, and the four-year-old son appears to be a "nutrition case." In another the father, a dairy man, milks his own cows, and a son, whom the family berate as lazy and shiftless, are both probably tuberculous. In a fourth a small child is facing the probability of deafness from a chronic otitis media because the parents think the condition is only a "running ear" of no consequence. In yet another, father's "sore eyes" spell trachoma to the trained eye of the Visiting Nurse. In one family the oldest daughter, who has a mitral regurgitation, is wearing herself out climbing several flights of stairs and standing at her work, much of which is avoided through the nurse's sugges-

tion that she change to a piece of work on the ground floor at which she can sit. Here a husband and wife are about to separate because the wife has become "so nervous and irritable" and neither has suspected that the woman has a thyroid condition causing her to be in this nervous state; and there a young girl, who is making every one around her miserable as well as herself, is found to be a mental case.

And so it goes. Called to treat one member of the family who is ill, the Visiting Nurse, taking advantage of her opportunity, learns about the whole family and unearths many conditions, unsuspected or misinterpreted, which need correction and which when remedied may mean incalculable relief or benefit to the whole family and to society. These might go undiscovered until too late were it not for the Visiting Nurse who seeks them out while gaining entrance to the home on another errand. Would you say that any of these discoveries had any public health value? Can anyone suggest a more effective way of discovering those thousand and one ailments big and little which undermine the health and happiness of the people of a community? What other Public Health Nurse goes into so many homes, or has such an opportunity quietly to study the health of the whole household and little by little to persuade the various members of the family to correct or seek correction for whatever may be wrong? Has this no social or economic significance?

Everyone will agree that one of the primary duties of the Public Health Nurse is to teach the laws of health. At least we supposed this to be the case until we read Dr. Hill's article. Who has a better opportunity to teach these laws and to teach them in a way that creates a habit of practising them, than the Visiting Nurse? Our American people are given to thinking that they know how to do things about as well as anyone else and are not anxious to be instructed. They do not accept unadulterated advice with docility, and no one knows better than a Public Health Nurse how hard it is to get people to heed the counsel and friendly warning that she gives them. But the Visiting Nurse who has won the confidence and regard of the family by her willing service during their anxious hours of sickness, can drop a suggestion today and a bit of straight instruction tomorrow that will be accepted and, because of her reiteration, will be put into practice and become habit, to the everlasting benefit of the health of the family and community.

Therefore, while first and foremost a nurse and a saver of human life, thereby reducing materially the mortality and morbidity rates, the Visiting Nurse is a corrective agent through the discovery of all manner of physical defects and unsuspected diseases which she seeks to have remedied. She is a preventive and protective agent watching over and safeguarding the health of the whole family while restoring some one member to health. She is a social agent seeking out the social causes underlying the disease and poor health she encounters and calling to her aid all those who can eliminate them. She is a teacher engaged day in and day out in making health possible through never ending teaching of the principles of hygiene and healthful living. If public health has so narrow a vision that it would exclude her work, so valuable to society from its field, let us not try to cramp the range of her service to fit into the restricted boundaries of public health. Let us rather turn her into the wider field of social health where she may render every service which will rout disease from among men, and so bring health to the nation.

THE VISITING NURSE THE BEST TYPE OF PUBLIC HEALTH NURSE

Professor C. E. A. Winslow, writing recently to the Editor of The Public Health Nurse, said:

"I am thoroughly convinced that the Visiting Nurse is not only a Public Health Nurse, but by far the best type of Public Health Nurse."

THEORY OR EXPERIENCE?

On reading an article like Dr. Hill's in the July number of THE PUBLIC HEALTH NURSE, one wonders first of all what compulsion led the author to state that "the Visiting Nurse and the Public Health Nurse *should be carefully distinguished.*" Is the object of such definition to clarify terminology and discussion, to serve as a basis for the modification of present service and the development of a new kind of district nurse? Or is it simply to keep the Visiting Nurse "in her place," outside the sphere of public health work?

Further perusal of the article leads one to suspect that the author has either been unfortunate in his acquaintance with visiting nurses or has written from a "desk-in-the-office" standpoint rather than from first hand knowledge based on intimate knowledge of good Visiting Nurses and good Visiting Nursing.

However, if what Dr. Hill describes as his "conception" is borne out by the facts in any considerable number of visiting nurse associations, it is time such an article appeared to stab us awake and to bring about a new orientation of Visiting Nursing, with restatement of purpose, and methods. We hold no brief for the visiting nurse associations whose nurses are so few or so poorly trained in meeting their opportunities that they rush from patient to patient, merely giving prescribed treatment, leaving record of symptoms on the chart for the doctor, and at the end of the month are satisfied with a neat classification of patients by age, sex, diagnosis, cures and deaths. That such nurses exist cannot be denied, but that they represent the Visiting Nursing of the country, no one would dare suggest.

Dr. Hill's objection to the classification of the Visiting Nurse as a Public Health Nurse seems three fold: (1) she spends too large a proportion of her time in nursing, (2) she spends too little time in teaching, (3) she spends too little time in discovery and warning against conditions dangerous to the public health, i. e.—"communicable disease."

Dr. Hill also states that the Public Health Nurse, in his conception of the term, does little or no nursing. If this be the case, we very much fear that Dr. Hill's Public Health Nurse would be severely criticized by educators for poor pedagogical method, for neglecting the approach to her pupil calculated to obtain interest and attention, for neglecting the motive of gratitude and confidence born of successful service, and, above all, for neglecting the

method of demonstration conceded to be absolutely essential if the pupil is to be taught to *do* something. The test of education is a change in the motor responses of the pupil, not in increase of knowledge on his part. Motor responses are best prompted by motor activity on the part of the teacher, whose example the pupil will be led to follow. Such education by example is many times more effective than printed directions or even the spoken word without demonstration, and the oftener the demonstration is given, the more likely it is that the pupil will act in accordance with the teaching. Visiting Nurses may lose sight of their teaching opportunity in giving bedside care, but that is the fault of the individual nurse, and not a shortcoming in bedside care as an educational method and opportunity.

Dr. Hill's second objection, that the Visiting Nurse does not do enough teaching, is open to question. "What instruction she gives," says he, "is of a hygienic nature dealing with the individual, rather than of a public health nature, dealing with the inter-relation of individuals to each other." But is this a valid distinction? To us it seems artificial. Our patients are not isolated individuals living in isolated rooms. What one learns is shared with the rest, and when the window is opened for one person the whole family benefits. Proper social inter-relationships can only be brought about by instructing individuals as to their duty toward themselves and each other. One's circle of contacts may be small, but the observance of instruction reacts for the public good, nevertheless.

Dr. Hill's feeling that communicable disease is the proper realm of the public health worker sounds to us several years behind the times. Not communicable disease, but *preventable* disease, is the point of attack today, even for the health officer. School nurses, who come under Dr. Hill's category of Public Health Nurses, have long ceased to spend any considerable proportion of their time in looking for signs of communicable disease. It is physical defects, actual or impendng, whch engage their major efforts. And certainly they are dealt with as individual problems, whose result is "no more and no less" a community problem than the pneumonia case the Visiting Nurse carries to recovery. Also the baby welfare nurse, the industrial nurse, the mental hygiene nurse, what proportion of their time is spent on communicable disease? But preventive work, remediable conditions interest them all, and the Visiting Nurse no less. The difference is merely that

the conditions the Visiting Nurse faces are more acute. Any arbitrary classification into remedial and preventive nursing is too mechanical to be borne out by the facts, and takes no account of the human factor which is all-important in evaluating such work.

The family that needs a Visiting nurse to give bed care to a tuberculosis, typhoid or pneumonia patient, during the illness, is the same family that needs instruction without bed care before and after the illness. No competent Visiting Nurse cuts out instruction during the giving of bedside care. Indeed, she has then a more forceful text and a more receptive body of pupils than either before or afterward. And what is more, her instinct and training compel her to use the opportunity.

Day by day we see disease by disease brought over to the "preventable" category. Some day, when science has done her utmost, they will all be there. Day by day nurses are realizing their opportunity and obligation as investigators and teachers. Some day, when all nurses are trained for public health work, they will all utilize every occasion for training families and individuals to live together in health and happiness. And the field of Visiting Nursing will continue to appeal to them, precisely because it affords at once the greatest need and the greatest opportunity for the public health teacher, and affords immediate, tangible results in the health of the community as well.

ANNUAL REPORT
OF THE
NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

REPORT OF EXECUTIVE SECRETARY

JANUARY 1st, 1918, TO JANUARY 1st, 1919

RECORD OF WAR WORK

Although the armistice was signed on November 11th, the war work of the National Organization for Public Health Nursing did not cease until January 1st. On this date the Associate Secretary resigned her position as General Supervisor of Public Health Nursing of the United States Public Health Service, under whose direction (in co-operation with the Red Cross Bureau of Public Health Nursing) she had organized the nursing service in 22 zones and had under her direction 35 supervisors and over 200 staff nurses. The record of her work makes a proud chapter in the history of the National Organization, although it must be, and happily is, recorded in the annals of the United States Public Health Service. We quote, however, from a recent statement of Surgeon General Blue:

"For the first time in its history, the United States Public Health Service, during the recent war, organized a division of Public Health Nursing. The work which these nurses performed was of inestimable value. It is not too much to say that without their aid our success in keeping down sickness in the extra-cantonment zones and in making the venereal disease rate in our army lower than that of any other army in modern times could not have been achieved.

"In continuing our general campaign for health, and this special fight against venereal disease, we depend upon the continued assistance of Public Health Nurses.

"Behind these Public Health Nurses we hope to have the sympathetic understanding and support of all the women of the country. We believe that we will have this when it is realized fully what the nurse accomplishes for her community.

"We depend upon the women of the nation not only for understanding and support, but we depend upon them to encourage young women to take up the profession of the Public Health Nurse, and to insist that hospitals provide training for nurses in public health service, including work in venereal diseases.

"In backing the Public Health Nurse, the women of the nation will be backing one of the most vital agents in the struggle against the diseases which

threaten the health and prosperity of all of us, and the very life of our children, which is the life of our nation."

Miss Lent's work is unquestionably the greatest single war service rendered by this Organization to the Government and to the public. Its permanent influence is incalculable. Miss Lent has been granted an indefinite leave of absence in which to recuperate from her strenuous war service.

The Executive Secretary returned to New York December 31st, leaving her associate in the Washington office to formally close the work and records of nineteen months service to the three Committees on Nursing of the Council of National Defense. Although the National Organization had had, during the five years of its history prior to America's entrance into the war, a creditable part in establishing and extending both standards and popular understanding and valuation of Public Health Nursing as a peace time service, Public Health Nurses everywhere, and the Organization as their official representative, faced the war with no war status for Public Health Nursing. Therefore, its officers, supported unanimously by its Advisory Council, took immediate measures to secure suitable recognition of the special service Public Health Nurses were prepared to render, and to conserve their limited numbers for the best possible division of duty between military obligations and protection of public health at home.

Briefly summarized, their efforts led to the appointment of two Committees on Nursing under the General Medical Board, Council of National Defense, which, together with a third appointed by the Committee on Labor, Council of National Defense, were later coordinated by the appointment of one secretary and the establishment of a common treasury fund of approximately $11,000. The National Organization detailed its Executive Secretary to act as secretary for these committees and raised the larger share of the special budget.

A full report of the work of the three Committees on Nursing of the Council of National Defense has been published under one cover, hence only a brief statement of the accomplishments of those Committees has place in the body of this report. It is as follows:

Sub-Committee on Public Health Nursing—Mary Beard, Chairman.

1. Secured special Red Cross enrollment of Public Health Nurses, exclusively for public health work.

2. Served, through the secretary, on Special Advisory Committee to the Red Cross Department of Nursing in the selection of supervising Public Health Nurses.

3. Was largely instrumental in securing special service chevrons for Red Cross nurses, Public Health and others, who stayed at home as a patriotic duty.

4. Prepared a series of lectures on the historical, social, economic, and clinical aspects of venereal diseases for the use of training schools, of Public Health Nurses and social workers in venereal disease clinics.

5. Shared with the National Organization, the responsibility for the construction of a complete plan for an emergency preparation for Public Health Nurses to meet the demands created by the Children's Year program.

Committee on Home Nursing—Lillian D. Wald, Chairman.

1. Prepared for the Committee on Labor a report on the extent of industrial nursing in the United States and of the industries in which nursing care is especially desirable.

2. Placed at the disposal of all industries, especially those engaged in war work, information concerning the location of existing Public Health Nursing agencies whose services could be utilized in case of emergencies or other need.

3. Interested the United States Shipping Board and the National Emergency Housing Commission in the importance of providing accommodations for Public Health Nurses in their plans for community housing units.

4. Prepared and circulated 42,000 letters setting forth the increased importance of health protection of industrial workers and the value thereto of Public Health Nursing care. These were sent accompanied by letters of transmittal, written by Mr. Gompers, to all trade and labor unions and to all employers' associations in the United States.

Committee on Nursing—M. Adelaide Nutting, Chairman.

The Committee undertook to provide a constant and ever increasing supply of nurses both for military and civilian service, through a speeding up of the training of hospital students both as to numbers and period of training. It pursued a consistent program to this end, as a constructive alternative to the popular demand for the employment of volunteer nurses' aides, as shown by the following:

1. It added 7,000 to the usual number of students entering accredited training schools in the first year of war.

2. It secured from 17 leading training schools, credit of eight to twelve months for college graduates who had had suitable scientific courses.

3. It organized and directed (through a special committee) the summer training camp for nurses at Vassar College, and similar courses in four other colleges and universities from which approximately 500 college women passed into schools of nursing.

4. It interested the American Council on Education and coöperated with it, through its Chairman and Miss Goodrich, in establishing pre-nursing courses in 50 other colleges in the fall of 1918. But for the signing of the armistice, this number would have been greatly increased.

5. It secured the coöperation of the Federal Board of Vocational Education looking toward the assistance of high schools on request of training schools in the teaching of scientific courses to student nurses.

6. It recommended to the Surgeon General of the Army, the appointment of Annie W. Goodrich, who later became the founder and dean of the Army School of Nursing.

7. It organized and conducted the United States Student Nurse Reserve with the leadership of the Woman's Committee and help of the field division of the Council of National Defense and coöperation of the Red Cross. This campaign enlisted 14,000 candidates for training schools, both military and civilian, not all of whom were eligible.

8. It sought by every possible means to secure military rank for members of the Army and Navy Nurse Corps.

9. It proposed to establish a bureau of advice and information for nurses returning from military duty, which was later undertaken by the Red Cross for the period of demobilization.

10. Upon its solicitation, Cleveland undertook an experiment in community conservation of nursing resources, which is still being pursued.

11. It prepared nine valuable leaflets and pamphlets (chiefly the work of Miss Isabel Stewart), some of which are a permanent addition to nursing literature.

12. At its request, the Joint National Committee was created to complete its unfinished work, especially its obligations to the Student Nurse Reserves and to serve as an advisory body to the Red Cross Bureau of Information.

The three committees jointly conducted an extensive publicity campaign for the purpose of securing a better popular understanding of nursing and of breaking down wide-spread family prejudice against young women entering the profession.

Though the work of the Committee on Nursing relates only indirectly to Public Health Nursing, it should be said that every step toward the uplift of nursing education brings nearer the day when adequate numbers of educated young women will be encouraged to enter the public health field through the door of fundamental preparation which only a proper course of technical and social training in nursing can give them. Therefore, this Organization has not only given freely of its service, but has undoubtedly gained much by its service to the Committee on Nursing.

Owing to the preparation of two partial reports of the Organizations work during the year 1918, the present complete review will necessarily be in large part a re-statement of them. It will be seen by this summary that the year's work has followed almost exactly the program which was laid out in 1917.

ADDITIONS TO SECRETARIAL STAFF

Borrowing in part from the earlier reports: The Organization added to its secretarial staff the following persons within the first quarter of the year:—

One Educational Secretary—a nurse who is also a graduate of Smith College and a B. S. of Teachers College, Columbia University.

One Publicity Secretary—a nurse and also a graduate of Radcliffe College and an A. M. of Teachers College, Columbia University.

One Librarian—a graduate of the New York Library School.

On July 1st Miss Katherine Olmsted joined the staff. She has had valuable experience in State supervision and teaching work, and was taken on with the hearty approval of the Children's Bureau, to direct a particular piece of work they wished the National Organization to do.

RECORD OF MEETINGS

The regular annual convention was held in Cleveland May 7th to 11th. A special convention was held in Chicago, December 13th and 14th. Meetings of the full directorate were held on May 10th (two sessions), 12th and 15th, on October 5th and December 12th and 13th. The Executive Committee met on February 2nd and August 27th, and the Advisory Council was convened on November 16th.

ADVISORY COUNCIL

In recognition of the fact that the Advisory Council is wholly composed of eminent people who carry great and varied public obligations, it is the policy of the Directors to call the Advisory Council only when matters of great importance or policies are to be determined. At the meeting of this body in November two decisions of lasting consequence were reached. The first was the raising of $150,000 fund, which will later be discussed. The other was expressed in the following resolution, presented by Miss Lathrop and seconded by Miss Wald:

WHEREAS, in view of the growing recognition of the social and economic value of Public Health Nursing and of the need of certain readjustments in hospital courses in order to secure the best results in training for such nursing; and because of the financial problems which must be met in developing Public Health Nursing,

RESOLVED that the National Organization for Public Health Nursing undertake at once an active campaign:

1. To secure amendment to State laws wherever necessary in order to give scope to readjust courses.

2. To secure endowment for nurses' training schools and for other schools or organizations that may contribute to the training of the nurse either in school or field.

3. To set fully before the public the need for the development and endowment of Public Health Nursing for a rearrangement of training courses to the end that the nurse may give the most effective service in protecting the health of the American people.

4. That the League for Nursing Education be asked to appoint a Committee to coöperate in developing this plan.

Action consequent upon this Resolution will also be discussed later in this report.

OFFICIAL CONNECTIONS OF THE NATIONAL ORGANIZATION WITH OTHER NATIONAL HEALTH ASSOCIATIONS

Exactly as the Public Health Nurse is least effective when working alone and unsupported by other modern agencies of community welfare, so the National Organization for Public Health Nursing, recognizing the logical connections of its purposes and activities with those of various other national bodies devoted to health protection and sickness care, has extended its affiliations, through corporate membership, with the following associations: American Public Health Association; National Conference on Social Work; National Tuberculosis Association; American Association for the Study and Prevention of Infant Mortality; American School Hygiene Association; American Social Hygiene Association; American Association of Mental Hygiene; National Safety Council; National Housing Association; General Federation of Women's Clubs.

Until five years ago, Public Health Nurses were practically never heard on the programs of any of these associations except those of the Infant Mortality Association. The Organization has invited opportunities to interpret Public Health Nursing to them, and now its members regularly participate at the annual conventions of six of these bodies, in some by a single paper and in others by an entire section meeting. During the past year:

a. The President, Miss Beard, read a paper on "Child Conservation in Massachusetts," before the American Society of District and Provincial Health Officers, and prepared a paper on "Public Health Nursing and the War" for the American Hospital Association, which was read by title in her absence.

b. The Associate Secretary, Miss Lent, read a paper on "Public Health Nursing in the Extra-Cantonment Zones," before the General Federation of Women's Clubs, and spoke on the same subject at the National Conference of Social Work, the Joint Convention of the three National Associations of Nurses, Vassar College Training Camp for Student Nurses, and meetings of the American Public Health Association.

c. The Educational Secretary, Mrs. Haasis, presided at the Section on Public Health Nursing, National Conference of Social Work, and spoke on "War Time Development in Public Health Nursing." She was also appointed secretary to the Health Section for 1918-19. She attended the convention of the American Hospital Association and the "Survey" Conference on Reconstruction Program. She also attended and spoke at eight other State and local conventions.

d. The Extension Secretary, Miss Olmsted, spoke at the convention of the Infant Mortality Association on "Problems of Infant and Maternal Welfare in Rural Communities," and read a paper prepared by Miss Lillian D. Wald, Honorary President, at the convention of the American Public Health Association.

General Federation of Women's Clubs: Of special interest is the fact that early in the year the General Federation of Women's Clubs, at the request of this Organization, created a Committee on Public Health Nursing in its Department of Public Health, and appointed the National Organization's Executive Secretary, Chairman of this new Committee. Years of quiet, but persistent effort on the part of our State Representatives, to secure active support of Public Health Nursing as a part of the Federation's national program, thus have their result.

The Public Health Section of the Federation immediately sent to all State Federations a letter asking them to create corresponding State Committees on Public Health Nursing and to raise from three to ten scholarships for post-graduate students in Public Health Nursing, to be assigned to candidates within their States for executive and teaching positions in Public Health Nursing. These letters were sent so near the end of the year that returns had only begun to come in when the year closed, but the few received were decidedly encouraging.

Contributions to Work of Other Organizations: 1. A ten weeks' plan was prepared by the Educational Committee with complete subject matter and collateral reading for a war emergency course in Public Health Nursing, in such form that it could be used in any State or locality under the guidance of a qualified Public Health Nurse. This was done as a means of rapidly increasing the supply of Public Health Nurses in response to a request from the Federal Children's Bureau and the Woman's Committee of the Council of National Defense to meet the demand growing out of their Children's Year program. Four States have used the outline in part or in whole.

2. List of members, with addresses, furnished to the United States Food Administration for purpose of distribution and advice and information regarding foods and dietaries in the homes.

3. List of nurses and nursing organizations in United States sent to Atlantic Division of American Red Cross.

4. List of members furnished to the Division of Physical Reconstruction, Surgeon General's Office, Washington, for circulation of "Carry On" magazine.

5. On request of the Sub-Committee on Public Health Nursing, Council of National Defense, correspondence with approximately 400 public health nursing agencies to secure information regarding the members of their staffs who in their judgment could best be spared for war work on call of the American Red Cross.

6. Class instruction on tuberculosis nursing at the National Institute held at the New York School of Philanthropy.

7. On request of the New York State Council of Defense, sent letters to all county chairmen in support of the United States Student Nurse Reserve.

8. Emergency Service to the United States Public Health Service in Washington and to the New York Emergency Committee during the Influenza epidemic.

9. To the New York County Chapter of the American Red Cross recruiting campaign.

10. To the foregoing should be added the personal services of the President and Secretaries on Boards of Directors and Committees of many other organizations.

CONTRACT WITH CHILDREN'S BUREAU

At the request of Miss Julia C. Lathrop, a contract with the Federal Children's Bureau was signed providing for the development of three to five county demonstrations of Public Health Nursing as a means of maternal and infant conservation. Eight thousand dollars have been placed at the disposal of the Organization for this purpose. A formal report will be submitted. It was agreed that these experiments should be located in:

Morgan County, Jacksonville, Ill., representing a well-to-do American population and Portuguese tenant farmers.

An Indian Colony—on the Wind River Reservation, Wyoming, under the direction of the United States Indian Commission.

A county to be selected in the South, representing a population largely colored.

Plans and arrangements were completed in November for the Morgan County work, but owing to the epidemic, actual operations were necessarily postponed until after the close of the year.

The officers of the Organization value this evidence of confidence on the part of this Federal Bureau and they have regretted the delay in getting the demonstrations under way. They also record with satisfaction a request for consideration of similar service for the Venereal Disease Section of the United States Public Health Service, which was received too late to report any decision at this time.

INCREASE IN MEMBERSHIPS

The growing influence of the Organization among Public Health Nurses and others committed to Public Health Nursing interests has been registered in the steady increase of memberships in spite of war exigencies and dues advanced to include the magazine. This is discussed in the report of the War Program Committee, as it is an essential part of budget raising, because practically all subscriptions to the work of the Organization are in the form of memberships under one of six classifications. No tradition of the Organization is so dearly treasured as its democratic foundation of many members representing, as they now do, every State in the Union.

That there should be a total increase of 28 per cent and a loss of only 4 per cent, or a net gain of 24 per cent in the membership during the second year of America's participation in the great war is indeed a gratifying record. The statistical report of the Committee on Eligibility follows. It is needless to say how inadequately this represents the devoted volunteer work of Mrs. Ketchum and Miss Granger.

REPORT OF THE COMMITTEE ON ELIGIBILITY

The Committee on Eligibility reports as follows for the year 1918:

Applications—Pending January 1, 1918	198
New Applications—Referred during year 1918	667
Active Corporate Members—Re-registered during year 1918	93
Total	958

This is an increase of 179 over the year 1917.

These applications were disposed of as follows:

Granted Active Membership	505
Granted Associate Membership	46
Granted Active Corporate Membership	20
Granted Associate Corporate Membership	10
Re-registered Active Corporate Membership	93
Not eligible for Active Membership and refused to become Associate	31
Unable to secure credentials	4
Unable to secure replies to letters	12
Lapsed for various reasons	8
Pending December 31st	229
	958

Edna Whitelaw Ketchum,
Chairman, Eligibility Committee.

MEMBERSHIP REPORT

	Jan. 1, 1918	Jan. 1, 1919	Lapsed and Withdrawn	Jan. to Jan. Total Addit.	Jan. 1, '19 Pending
Active	1,673	2,122	56 (8 deceased)	505	...
Assoc. Nurse	34	75	5	46	...
Corporate	89	108	1	20	...
Assoc. Corp.	21	28	3	10	...
Sustaining	386	402	28 (2 deceased)	44	...
Total	2,203	2,735	93	625	206
Net Gain	532				
Grand Total	2,735				

REVISION OF BY-LAWS

All through the year both the officers and the War Program Committee were coming to the conclusion that its greatly increased responsibilities had created an immediate and insistent need for fuller participation on the part of all the Directors in the conduct of the Organization's activities. It was equally apparent that the time had come when it was both imperative and possible to add a number of non-professional members to the directorate, these members to be limited, as heretofore, in their voting power, to non-technical matters.

At a meeting of the Executive Committee at which these matters were discussed a radical revision of the by-laws was authorized and later a special session of the Board of Directors was convened to consider the proposed changes which had been prepared under the guidance of Mrs. Emma A. Fox, Parliamentarian. Following their consultation regarding the proposed amendments, they unanimously voted to call an extra session of the entire membership in Chicago to consider their proposals. Accordingly, such a meeting was called for December 13th and 14th in Chicago, when changes essential to present needs were enacted and others were laid upon the table until the regular convention in 1920.

Among those passed was the article providing for membership on the directorate of four non-professional members, in addition to the Treasurer. A special election was then conducted under the personal supervision of Mrs. Fox. The results of this election were as follows:

Mrs. John H. Lowman—Member of Committee on Publications.
Mrs. Joseph Cudahy—Vice-President Chicago Visiting Nurse Association
Miss Mary Railey—Director, New Orleans Child Welfare Association.
Mrs. Chester C. Bolton—Chairman, War Program Committee.

It was most gratifying that each newly-elected member could and did accept office. This action marks one of the most significant events in the history of the Organization.

Another important decision was that the directors, after consultation with the Advisory Council and other interested persons, voted to convene the entire board rather than the Executive Committee, at least during that indefinite time called "the reconstruction period." It has always been a matter of regret that the meagre funds of the Organization rendered this practice impossible; but with the greatly increased responsibilities which the Organization has now assumed and with a Chairman of the new Ways and Means Committee, responsible for securing a proportionately large budget, not only willing but eager to provide for meetings of the entire directorate at comparatively frequent intervals, this action was unanimously voted, to the relief and satisfaction of those who had been elected to serve as an Executive Committee.

The War Program Committee was dissolved and a Ways and Means Committee was constituted to combine the duties of the outgoing committee and the former Membership Committee. It is designed to have this committee work in closest cooperation with the Finance Committee. The Chairman of the Ways and Means Committee will also henceforth be Chairman of the Council of State Representatives, thereby effecting the most intimate relations possible between the national headquarters and all the State Representatives.

ACTIVITIES OF THE NEW YORK OFFICE

Educational Department: The Educational Secretary, Mrs. B. A. Haasis, practically assumed charge of the New York Office from June 3rd until December 31st and directed its various activities in addition to her own duties as Educational Secretary, the office director having resigned for duty in France. This office service has limited the field work which would otherwise have been done, notably the organization of a Course in Public Health Nursing under the auspices of the University of Minnesota. An appointee has been nominated for the Director of the Minnesota course.

She spent three months prior to June 3rd in Richmond, Va., assisting in the organization of the Public Health Nursing Course at the School for Social Work and Public Health, and introduced a permanent instructor. Mrs. Haasis' work there involved not only

the development of a theoretical course, but planning of the field work with the local public health and visiting nurse agencies.

Among the outstanding services of the New York office in the field of education were:

a. Specific advice or assistance given, on request, regarding Public Health Nursing Courses to institutions or organizations in the following localities:

North Carolina
Missouri School of Social Economy, St. Louis
University of Washington
Richmond, Va.
University of Syracuse
Minnesota Anti-Tuberculosis Association
Junior College, Grand Rapids, Mich.
Illinois State Anti-Tuberculosis Association
Iowa State Anti-Tuberculosis Association
Child Welfare Committee, Connecticut Council of Defense
New Jersey
University of Michigan
University of California
Red Cross Commission to Italy
Child Welfare Association, New Orleans.

b. Collection and tabulation of complete lists of
1. Postgraduate Courses in Public Health Nursing.
2. Undergraduate Courses in Public Health Nursing given by hospital training schools.

Informal Bureau of Occupations: Following the conference with officials of the National Social Workers' Exchange and the Intercollegiate Bureau of Occupations it was decided that the Organization should continue its own informal bureau of occupations for the present.

Sixty-one nurses have been appointed to positions of responsibility, in spite of the great demands for Red Cross service. Four of these were State Supervisors, in direct response to calls from State Councils of Defense; and one to the professorship of Public Health Nursing in the University of Michigan, a position of distinction in that the appointee is the first woman member of the faculty of that university.

The organization was particularly proud to have had the privilege of nominating Miss Mary S. Gardner as Director of the Department of Nursing of the Red Cross Mission to Italy, under the direction of Dr. Charles William White. She personally assembled an able staff of assistants, who, we hear, are doing an exceptional piece of public health work.*

*Miss Gardner's report of work in Italy is published in this issue.

The statistical report of this bureau follows:

	Associations	Nurses
Applications brought forward during 1918	161	91
Applications received during 1918	188	90
Recommendations of nurses to positions	...	482
Recommendations of positions to nurses	482	...
Appointments made during 1918	61	61
Positions filled by others	118	...
Secured positions through own efforts	...	50
Awaiting appointments, December 31, 1918	90	22
Candidates who have taken special courses in Public Health Nursing	...	22
Candidates having special experience in Public Health Nursing	...	100
Candidates having both	...	49
Candidates having neither	...	63
Forms in regards to positions sent out during 1918		1,057
Letters in regard to positions sent out during 1918		1,944

Positions Requested by Nurses

Organizing	6
Executive	40
General Public Health Nursing	64
Infant Welfare	6
Milk Station	2
School	18
Tuberculosis	6
Industrial	23
Social Service	18
Optional	41
Miscellaneous—including institutional, office, hospital, etc.	14

Library Department: (Located in New York, but serving all offices.) The Librarian, Miss Francis Young, assumed full charge of the library in March, hence the work of this department covers only ten months. The material accumulated in the interim between the work of a temporary librarian and the appointment of a permanent one was made part of the library; and the work relative to the running of the library was systematized.

Although one year ago we were informed by the American Library Association that there were no package libraries in the States, other than the commercial ones, like that of H. W. Wilson, our correspondence has revealed (to date) that in four States, i. e., New York, Kansas, Oregon and Maine, they do exist. But in no instance have we found that they had material on Public Health Nursing. This experiment seems to have been amply justified, as seen in the following report.

Plan of the Library

The plan of the library has been to secure the cooperation of a selected library in each State, which will act as a distributing center from which nurses and others may borrow material on Public Health Nursing.

An expert of the War Library Service of the American Library Association was consulted as to the best library in each State to select as a prospective centre. This expert and the librarian checked over the list of libraries used by the United States Food Administration in distributing material. He also advised about the handling of material sent to these centres. Thirty such centres have been established.*

Negotiations are in process with selected libraries in the remaining States. Hereafter the function of the National Organization Library will be largely to furnish material, lists and advice to these library centres, rather than to individuals. We already have a mailing list of twenty-two agencies to which we send each month new publications selected by this Organization on requested subjects.

Material on the following subjects has been loaned: Industrial nursing, school nursing, infant welfare nursing, mental hygiene, social hygiene, influenza, contagious diseases, foods. In addition, through the correspondence of the Library Department, opportunities for varied and unforeseen service frequently arise.

Organizations allied with Public Health Nursing, such as other national bodies concerned with health problems, were asked if they wished to place these libraries on their complimentary mailing lists. The response to this suggestion was prompt and generous and has placed at the command of our readers much material of direct and practical help to them in their daily work. The following have sent and will continue to send certain of their educational publications to these distributing centres:

American Association for Study and Prevention of Infant Mortality.
American Society for the Study and Control of Cancer.
Metropolitan Life Insurance Company.
National Committee for Mental Hygiene
National Committee for the Prevention of Blindness.
National Tuberculosis Association.
Red Cross Institute for Crippled and Disabled Men.

---

*A list of these library centres, together with five additional centres established since the date of the report, was published in the April 1919 number of THE PUBLIC HEALTH NURSE, and was later issued in reprint form.

Bibliographies

This department keeps up to date the current bibliographies on eleven classified subjects, as follows:

Hospital Social Service.
Hygiene and Sanitation.
Industrial Nursing.
Infant Welfare and Pre-natal Nursing.
Journals.
Mental Hygiene.
Organization and Administration.
School Nursing.
Sex Hygiene and Education.
Tuberculosis.
Visiting Nursing.

Statistics

Unfortunately, for the first two months the library kept no record of the number of pamphlets given or lent, or the postage cost. For the first three months no record was kept of the number of people to whom pamphlets were given. Hence the report submitted is incomplete. The large number of organization pamphlets includes those sent to the thirty library centres and the circulation of the two new folders, "The Public Health Nurse," and "How to Organize a Public Health Nursing Association."

Added to Library:	
Books	64
Periodicals	113
Pamphlets	1,818
Clippings	1,406
Total	3,401
Pamphlets:	
Given or Sold	14,378
Circulated by Library	2,384
Total	16,762
Persons to whom pamphlets were given or sold	356
Persons to whom pamphlets were circluated by Library	144
Total served	500
Expense for postage	$ 48.07
Expense for literature for library and Western Office	216.92
Total expense (exclusive of salaries and initial equipment)	$264.99

Receipts from pamphlets	$ 31.60
Letters sent	1,654
Letters received	777

TREASURER'S STATEMENT

THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

FINANCIAL STATEMENT—YEAR OF 1918

Balance for 1917		$ 1,240.19
Receipts—		
Active Members	$ 3,838.00	
Corporate Members	1,020.00	
Sustaining Members	22,287.00	
Contributing Members	7,033.04	
Rockefeller Foundation	15,000.00	$49,178.04
		$50,418.23
Disbursements—		
Telephone	424.93	
Telegraph	228.51	
Postage	1,566.95	
Stationery and Reprints	1,961.88	
Office Supplies	741.78	
State Council	37.35	
National Defense	828.08	
Travel	3,065.57	
Membership Dues	60.00	
Subscriptions	15.00	
Convention	887.71	
Rent	1,595.00	
Salaries	14,873.15	
Church Campaign	7,580.78	
Furniture	1,131.64	
Bulletin	417.63	
Magazine	7,151.96	
Library	225.00	$42,792.92
		$ 7,625.31

ACTIVITIES OF THE EDITORIAL OFFICE IN CLEVELAND

The Publications Committee and Editor accomplished the amalgamation of the Quarterly and the Bulletin and since July 1st have issued a monthly magazine which maintained a department on war work. Considerable revision in the form of the magazine was effected. No comment that can be added to the report of the Committee can adequately estimate this service to the National Organization and to all others interested in Public Health Nursing.

REPORT OF THE PUBLICATIONS COMMITTEE

During the year 1918 there were published three issues of THE PUBLIC HEALTH NURSE QUARTERLY, five issues of THE PUBLIC HEALTH NURSE and four issues of the BULLETIN, making one publication each month.

At the Annual Meeting of the National Organization for Public Health Nursing held May 7 to 11, 1918, the following decisions were reached: (a) That the Bulletin, "Public Health Nursing," should be merged with THE PUBLIC HEALTH NURSE QUARTERLY, and that the latter should become a monthly magazine, under the title of THE PUBLIC HEALTH NURSE: (b) That this magazine should be included as one of the privileges of membership in the National Organization.

In accordance with these decisions, your Committee on Publications immediately took the steps necessary to give effect to this extended program and to carry on the additional work entailed.

The first monthly issue of THE PUBLIC HEALTH NURSE appeared in August and contained 72 pages. While the outward appearance and general form of the magazine remain unaltered, certain variations in regard to the departments, etc., have been introduced in order to combine the functions of the BULLETIN with those of the QUARTERLY. Thus, a new department, entitled, "Activities of the National Organization," serves as the medium for informing members as to the various activities of the Organization through its officers, executives, committees, state representatives, etc.; for conveying to them important decisions of the Executive Committee; and other similar matters. All other important features of the Bulletin have been, as far as possible, continued through the departments, "War and the Public Health Nurse"; "Notes from the Field"; and "Book Reviews and Bibliography."

It is interesting to note that about twenty-eight per cent of the articles published during the year have been reprinted and used in pamphlet form in the "Package Library" maintained by the Organization.

The inclusion of THE PUBLIC HEALTH NURSE in the membership dues of the National Organization has nearly doubled the number of those who now receive the magazine and has entailed a considerable amount of adjustment, as well as a greatly increased amount of clerical work; but the most difficult points of detail have now been satisfactorily worked out, and your Committee feels that THE PUBLIC HEALTH NURSE is well launched on its career of en-

larged usefulness. Letters appreciating the fact that the magazine is now a monthly have been received from various sources; and we believe that the two important changes made in regard to its official organ have enabled the National Organization to meet in increased measure the educational needs of the Public Health Nursing field; the desire for fuller and more frequent information in regard to the war activities of the National Organization and its leaders and members; and the necessity for prompt and official communication between leaders and field nurses in regard to the many sudden and difficult emergencies arising out of the war.

The "Outline of Extension Plans" contemplated by your Committee for the year 1918, together with estimated budget totalling $9,800.00, was submitted in March of this year and did not, therefore, cover the additional work and expenditure entailed by the decisions reached at the Annual Meeting. The enlargement of the subscription list, through inclusion of the magazine with membership in the National Organization, and the increase of the subscription rate from $1.00 to $1.50 when included in membership dues, and $2.00 to subscribers who are not members, will of course, go a considerable way towards meeting the increased cost of the monthly publication of the magazine, and the change should ultimately lead to financial benefit. But during the first transition year the various adjustments necessitated and the preliminary cost of making so great a change have unavoidably resulted in a large increase in expenditure without a corresponding increase in receipts—indeed, the receipts from subscriptions have necessarily been unfavorably affected during the first six months of the transition period.

On account of the increased detail work and correspondence necessitated by the change from a quarterly to a monthly basis of publication, your Committee deemed it advisable to have the printing of the magazine carried out in Cleveland instead of by the firm in Baltimore in whose hands the printing had been placed in 1916. This necessitated the re-taking over of the advertising by the editorial office, and it was not found possible, up to the end of 1918, to make any satisfactory plans in regard to this department; ultimately, the monthly publication of the magazine should make it considerably easier to obtain advertisements, but during the first few months the various changes and adjustments reacted unfavorably on the advertising as well as on subscribers. It is to be anticipated that both these conditions will improve during the coming year.

At the beginning of 1918 your Committee had planned to undertake a considerable publicity campaign; but when it was decided that the magazine should be included as one of the privileges of membership, it seemed desirable that most of the publicity should emanate from the Committee on Membership. We feel, however, that there are certain directions in which it will be well for the Committee on Publications to do a certain amount of publicity work during 1919.

The many messages of appreciation which have reached us from workers in varied fields have encouraged us to believe that the magazine, under its new form, is meeting the needs of the Public Health Nursing field in a broader and more satisfactory way than ever before.

Annie M. Brainard, Chairman, Committee on Publications.

ACTIVITIES OF THE WASHINGTON OFFICE

This office served as headquarters of the War Program Committee. The Publicity Secretary, Miss Helen F. Boyd, devoted her entire time to the secretaryship of the War Program Committee. She was stationed in Washington to coordinate the work of this Committee and the State Representatives and to act as the Washington agent for the Publications Committee.

The work of the War Program Committee included certain publicity measures recorded in the report of the Chairman, until, after considerable experimentation regarding the relative values of a publicity secretary and a publicity agency, it was generally agreed that the latter was necessary to the proper development of this phase of our work. A publicity company having a background of valuable experience was engaged for a three months experiment. With the signing of the armistice it became probable that the full time services of a young man who served the Organization in a limited way before the war, might be secured. His experience in high class publicity work and his knowledge of Public Health Nursing made such a connection seem most promising. Hence, it was decided to retain the Press Bureau Company until it was possible to get a definite reply from Mr. Rorty, who was on military duty overseas.

It should be noted in this connection that the Organization reaped considerable indirect benefit from the publicity program of the Committee on Nursing, Council of National Defense, which program was drafted and executed largely under the direction of the Executive Secretary.

After the signing of the armistice, the Washington office was closed and the Chairman returned to her home in Cleveland, where she has established permanent headquarters. Miss Boyd also returned to her chosen work of administration, as executive officer of the Bridgeport, Conn., Association.

The work of this office required the full time of the secretary and two stenographers, and part time of the Chairman and one volunteer. The Chairman's full report of an extensive publicity campaign through the churches, and a membership campaign through the State Representatives, and the reorganization of the Council of State Representatives, represents in itself a tremendous amount of work in addition to its primary task of raising funds.

REPORT OF THE WAR PROGRAM COMMITTEE

The first three months of 1918 were spent in preliminary investigation of needs and possibilities. On March 1st, the Washington office, 615 19th St., was opened, with Helen F. Boyd as Secretary. The next interval was spent in getting in touch with the various members of the Council of State Representatives and urging them to keep in ever increasingly close touch with this office. In June a letter was sent to 115,000 clergymen throughout the country, urging them to put before their congregations the need for more young women to enter training and the vital importance to the country of adequate nursing care. These letters were sent out through the office of Dr. Tippy in New York, and were accompanied by letters of endorsement from the Federated Churches in Christ, the Jewish Welfare Board and the National Catholic War Council. The actual results cannot be definitely estimated, but the Committee feel convinced that they were far-reaching and of a very definite value to the general cause of nursing.

Miss Boyd's services as secretary of the War Program Committee evidenced the value of having carefully planned continuity in all matters pertaining to the Council of State Representatives, and the result of her six months in this work were felt in a greatly increased *esprit de corps* and an enthusiasm that cannot be overestimated. Upon the outbreak of the influenza epidemic in Washington Miss Boyd was released for active duty, and during the month of October the Chairman carried the work entirely. November brought the necessity for further changes, as the Chairman had to return to Cleveland; and for the last two months of the year the work was somewhat disorganized. The expenses of the Washington office for the 10 months of its existence were $3,025.70.

Memberships: Upon the automatic dissolution of the Membership Committee when its chairman resigned in January, 1918, it was decided to carry the work in the New York office, subject to the Chairman of the War Program Committee. The dues were raised during the year for all classes of memberships and were made to include the subscription to the magazine, which was changed from a quarterly to a monthly. In spite of this, there has been a net gain in members of 24 per cent.

The Chairman of the War Program Committee was asked to make a study of the By-laws of the Organization, with a view to changing them to meet the changed needs, the work having far outreached the machinery. A special meeting of the Directors was called in the fall for detailed discussion of these changes; and a special meeting of the members of the Organization was held in Chicago in December. The principal changes effected were:

1st. The change in membership fees, with the inclusion of magazine subscription, these being now:

Active and Associate Individual Members (Nurses)	$2.00
Sustaining	$5.00 to $500.00
Guarantors	$500.00 and up.

The Corporate Membership fees remain as heretofore.

2nd. The election of four lay members to the Board of Directors.

Council of State Representatives:

The constantly changing personnel of the Council has made it very difficult to carry through any definite piece of work. Some States have had two and even three changes and a total of 31 appointments have been made during the year. But in spite of this the Council is steadily growing in strength and has become a very important part of the National Organization. It is the machinery through which much of our propaganda reaches the States, and it is the nucleus upon which we are building. Florida is the only State that has had no representative, although there have been others with but one.

Frances P. Bolton, Chairman, War Program Committee.

ACTIVITIES OF THE WESTERN OFFICE

As has been previously stated, Miss Katherine Olmsted was appointed as Extension Secretary on July 1st. With her appointment arrived the long delayed opening of a Western Office. She was stationed in Chicago, her office being located at the Chicago School of Civics and Philanthropy. This office was not included in the 1918 budget, but the need of a Chicago branch was evident

to all the directors and many members, consequently the additional expense was willingly assumed by the War Program Committee. This move was the first step in a policy of decentralization. The directors thought early in the year that they might hope to open other branches in the far south and far west "within a few years," but developments have come so rapidly that the prospect of realization of this desire seems much nearer as the year closes.

Miss Olmsted spent much time in organizing, and will supervise the demonstrations provided for by the Organization's contract with the Federal Children's Bureau. A record of the plans and results of these demonstrations will form an important part of the 1919 report.

Miss Olmsted's first important piece of work as Extension Secretary was a study of the Public Health Nursing activities of Pittsburgh, upon request of the Woman's Committee of the Local Council of Defense. A full report with recommendations and scheme of organization for a Public Health Nursing association was submitted to and adopted by a special citizens' committee created to direct the new association. This Organization supplied a well qualified superintendent to develop the work.

Other requests for similar service were received, which it was impossible to undertake for lack of adequate secretarial staff.

ARTICLES PREPARED FOR PUBLICATION

The following articles have been prepared by various members of the staff, but largely by the Educational Secretary.

Leaflet, 8 pages, The Public Health Nurse.
Leaflet, 8 pages, How to Organize a Public Health Nursing Association.
Leaflet, 4 pages, War Time Work.
Argument in support of raising a scholarship fund for nurses returning from military duty.
Report of the 1918 convention for "The Public Health Nurse."
Article, "What a Public Health Nurse Can Do for a Community," for the New York State Public Health Bulletin.
Description of Package Library for State Library Magazine.
Description of Postgraduate Courses in Public Health Nursing, for Committee on Public Information, Council of National Defense.
Notes for four-minute speakers on Public Health Nursing.
Letters to 115,000 clergymen, Catholic, Protestant and Jewish, concerning the need for nurses for military duty and for Public Health Nursing service.

IMPORTANT CONFERENCES

Various members of the staff have held important conferences with:

Officers of the Federal Children's Bureau concerning the proposed county demonstrations of Public Health Nursing for conservation of mothers and infants.

Massachusetts State Council of Nursing Associations and other groups regarding a postgraduate course for nurses specializing in venereal diseases.

State officials in behalf of including in a new bill for registration of nurses a class providing for mandatory licensure of attendants.

New Jersey State Department of Charities and Corrections and other interested persons concerning means of raising standards of nursing in hospitals for the insane.

Health Section of the National Conference of Social Work regarding the 1919 program for its annual convention.

New York State Medical Library Department of Education and Department of Health regarding the distribution of Public Health Nursing literature and dissemination of information regarding standards of Public Health Nursing.

ITINERARIES

Nothing shows the abnormal activity of the Organization more than the report of itineraries. Not only did the war duties of the secretaries make engagements for public addresses, conferences and local studies impossible, but local associations had come to realize this fact during 1917. This is clearly reflected in the number of invitations received and the miles traveled as compared with those of previous years. The record appears below:

New York Office

No. of invitations accepted	11
Miles traveled	9,614
Invitations not accepted	11
Invitations postponed	2

Washington Office

No. of invitations accepted	3

Miles traveled—1 trip to Baltimore and return.
2 trips to New York and return.

Western Office

No. of invitations accepted	58
Miles traveled	2,162

It should be recalled in this connection that the Associate Secretary traveled almost constantly under the direction of the United

States Public Health Service and accomplished an unprecedented amount of organization work.*

STATISTICS OF CLERICAL WORK

The reports of clerical work for the Chicago and Washington offices are necessarily incomplete owing to the early difficulties of organization and especially in the Wetsern Office, due to the absence of the Secretary for the major portion of the time.

New York Office

For 12 Months:		
	Interviews	472
	Telephone Calls: Incoming	1,963
	Outgoing	1,953
	Incoming Mail (including letters, forms, etc.)	15,202
	Outgoing Mail: Letters	8,502
	Forms	15,276
	Literature	30,207
	Bulletins	12,507
	Telegrams	275

Washington Office

For 10 Months:		
	Interviews	8
	Incoming Mail	1,827
	Outgoing Mail	2,365
	Telegrams	38

Chicago Office

For 5 Months:		
	Talks	38
	Office Interviews	128
	Incoming Mail	212
	Outgoing Mail: Letters	179
	Literature	21
	Telegrams	19

REPORTS OF THE STANDING COMMITTEES

Reports of six of the committees are herewith attached. The extraordinary pressure of war work and the utter inability of chair-

---

*The report for 1917 shows the following record of itineraries covered by Miss Crandall and Miss Lent:

Cities and towns visited	59
Addresses and conferences	152
Miles traveled	19,426
Invitations refused	18

men to hold their committees together have resulted in little or no organized work on the part of the other committees. It is extremely gratifying to note the accomplishments recorded by some whose reports have been submitted, notably that of the Committee on Education, whose work has been comparable in amount and importance to that of the Executive Committee.

REPORT OF THE COMMITTEE ON EDUCATION

During the past year, the Education Committee has increased its membership by the addition of Miss Mary G. Hills of New Haven, and Miss Lillian Hudson of New York. The membership as it now stands is therefore:

Miss Katherine Tucker
Mrs. Bessie Haasis
Miss Cecilia Evans
Miss Laura Logan
Miss Mary Grace Hills
Miss Florence Johnson
Miss Lillian Hudson
Miss Anne Hervey Strong, Chairman.

Two general meetings of the Committee have been held during the year, both in New York. At both of these meetings all members were present for all or part of the time, except Miss Hudson, whose appointment was subsequent to the second meeting.

At the first meeting, which was held early in September, the general work of the Committee was discussed. The most pressing question at that time was the shortage of nurses available for Public Health Nursing positions, and also for training courses, most of which reported a decided diminution in the number of both students and applicants. In view of the war situation, it was felt that no attempt should be made to urge public health courses upon nurses qualified to military service. It was felt, however, that it was not too early to plan for nurses who would be returning at the close of the war, and it was accordingly decided that the subject should be studied and a report submitted to the Directors. This report, written by Mrs. Haasis, is already before you.*

At this meeting the question of a suitable training course for attendants was brought up. The Committee felt unable to make definite recommendations since the subject was then submitted to

*This report was published in the April 1919 issue of The Public Health Nurse.

them for the first time, and required serious consideration. In view of the fact that a Committee of the National League of Nursing Education was known to be at work upon the same subject, it seemed wise to request a joint meeting of the two Committees, in order to discuss the whole matter, and if possible to reach an agreement at least upon the main outline.

Shortly before this meeting, the work of the Committee was interrupted by the epidemic of influenza, which prevented further consideration of these matters for many weeks.

The next subject presented to the Committee was a request from the President for the preparation of a training school curriculum designed for the special purpose of training Public Health Nurses, and of preparing them in the shortest possible time. Since the time was short it was impossible to call a meeting of the whole Committee to work upon this very important subject. A tentative draft was accordingly made by Mrs. Haasis. In the meantime, a meeting of the Committee on Education of the National League of Nursing Education had been called in Washington. Of this Committee, Miss Nutting is Chairman, and the Chairman of your Committee on Education is a member. The same subject, that is, a training school curriculum designed especially to meet the needs of students preparing for Public Health Nursing, was considered at that meeting, and the Committee went on record as endorsing an educational experiment of this kind, and a sub-committee of the Committee on Education of the League, consisting of Miss Helen Wood, Miss Carolyn Gray, and Miss Isabel Stewart, was appointed to co-operate with Miss Strong in further work upon the tentative plan submitted.

As a result of their work the plan of training appended herewith was drawn up and submitted to the President of the Rockefeller Foundation, Dr. George Vincent, at a conference in New York on December 16th. For a clear understanding this plan requires further explanation, and the following points need especial emphasis.

(1) Although the plan is felt to be desirable and practicable in its main outlines, it would doubtless require modification before it could be put into actual operation. Moreover, further adjustments would naturally have to be made according to the special facilities existing in the institutions and agencies conducting the experiment.

(2) This plan necessarily entails unusual expense, and is completely impracticable without strong financial support.

(3) In order to make the training as brief as possible, the time spent in all the different services must be curtailed to a minimum. In order to make this minimum sufficient, the most expert teaching is essential. Teaching unusual both in character and amount, such as no training school up to this time has been able to obtain for its pupils, is therefore presupposed in this plan. The instruction would be given partly by physicians, partly by nurse instructors, and in the preliminary course, at least, partly by lay teachers; it should be the equal in quality of that given in the best medical and other professional schools.

(4) All wasted time and effort during the course must be eliminated, in order to insure concentration upon essentials. This stipulation also involves expense, since students could not be depended upon for hospital work beyond the point required to make them efficient, and other provision would have to be made for a supply of labor sufficient to meet the needs of the hospital.

(5) This course of training would be practical only for women whose general education included a complete college course, or its full equivalent. It was felt that no previous training could present a full equivalent unless it included at least two years of college work, with very unusual training and experience as equivalent for the other two years.

(6) This course could be offered only in places possessing a university or other teaching centre of collegiate rank, a school of nursing, and a public health organization. All three must maintain the highest standards of work in order to supply a suitable teaching field.

In view of the very limited time given for preparing this plan it was impossible to submit it first to the members of the Committee on Education. It was, however, presented at the next meeting of the Committee and endorsed by them, with the understanding that its provisions would need further scrutiny and probably modification before it could be put into actual operation. It was then laid upon the table.

The second meeting of the Committee was held on the afternoon of January 16th. Adjourned sessions were held on the evening of the 16th and in the forenoon and afternoon of the following day. The subjects of greatest importance that came up for discussion were: (1) the modified curriculum already described, (2) the conditions which should be attached to scholarships to be awarded from the fund of $10,000 recently presented to The National Organ-

ization for Public Health Nursing; and (3) standards for the training of attendants.

(1) The modified curriculum was laid on the table, as above stated.

(2) The recommendations in regard to the awarding of scholarships are as follows:

1. That applicants should give a good account of themselves during the war period.
2. Other things being equal, that women under forty should have the preference.
3. Preference should be given to those who show promise of suitability for teaching or administrative work.
4. That it should be limited to eight months' courses which have been in operation at least one year and where the field work and instruction are adequate.
5. That the applicant shall be eligible to the National Organization and shall be a high school graduate or present an equivalent.
6. That the sum shall be $500 and should not be given to any woman who could finance herself.
7. That the candidate shall agree to engage in Public Health Nursing for one year after taking the course, or repay the scholarship.
8. That the candidate shall be examined by the Life Extension Institute at our expense.
9. That the candidate shall submit a sworn statement of her financial need.

(3) The formulation of standards of training for attendants proved, as before, a matter of extreme difficulty. Every effort had been made to arrange a joint meeting between this committee and the Committee on Attendants of the League of Nursing Education, in order that the subject might be thoroughly discussed from the point of view both of Public Health Nursing and of institutional work. Miss Hilliard kindly came to one of the meetings and read the recommendations already made by her committee, but the other members of the Committee were unable to meet with your Committee for the purpose of discussion.

In view of the perplexing nature of the whole question, and the fact that the subject was now being discussed by the Committee for the first time, it was finally decided to present to the directors a preliminary report embodying the main points under consideration, and conclusions so far as any had been reached.

An outline of points discussed was accordingly prepared by the Chairman, with an expression of her own opinion upon each point. This outline was sent to each member of the Committee, with the request for an expression of her own opinion on the sev-

eral points. Your Committee, however, wishes to emphasize the fact that the outline is tentative only, and therefore subject to revision. A summary follows of the opinions expressed. All members of the Committee approve the several points, with the exception of IV-2, as noted below.

I. Nature of the Course:

1. The course should be intensive in the sense that it should be the shortest compatible with giving thoroughly the training considered desirable.

2. The plan of training should not be determined wholly or in part by the labor needs of institutions. It should be emphasized that the question of supplying an inexpensive nursing service to institutions is quite distinct from the question of the proper training of attendants. Institutions in need of such service should employ attendants who have completed their training and not attempt to staff their wards by means of attendants in training.

3. Attendants should be given elementary instruction only, and a sharp line should be drawn between the training of an attendant and the training for a nurse. The general scope of the attendant's training should be only a little more extensive than that offered by the Red Cross to the Nurses' Aids who took the required hospital work. There should be, however, a sufficient extension of the time spent in the hospital to insure a fair amount of skill in elementary nursing procedure, and there should be, in addition, more training in housework under home conditions.

4. The course should be dignified as far as possible, so that women who wish to be more useful in their own households and have no intention of nursing for hire should not feel the course beneath them.

II. Division of Time:

Six months utilized should be sufficient to give the training. Not more than four months should be spent in the hospital, and at least one month in training in housekeeping and housework under home conditions. The last month at least should be spent in supervised work in the homes of the sick.

III. Curriculum:

1. The two months training in household work should include cookery, housework, household sanitation, and personal and com-

munity hygiene. Clearly, in the time allowed, these subjects can be treated only in the most elementary way.

2. The course in elementary nursing should be the basis work of the four months spent in the hospital. This course should cover substantially the subjects included in the Red Cross Home Nursing Course, with a few additions, but each subject should be treated much more thoroughly than is possible in the fifteen lessons of the Red Cross. A certain amount of anatomy and physiology, just enough to make the nursing procedure intelligible, should be included, probably at the beginning. It might be better to introduce special problems, such as the care of children, aged, chronics, etc., into this course rather than to make several series of a few lessons each. Hygiene and ethics should be emphasized in connection with each topic.

IV. Management:

1. The course should be directed by a supervising nurse who should admit students, direct the work at the housekeeping centre, give class instruction, make all arrangements with the hospital and be responsible for seeing that each student actually gets the practical training that she is supposed to get.

2. The general responsibilty for the course should rest with a special committee of lay persons, or perhaps with the board of managers of a visiting nurse association.

(Miss Logan disagrees on IV-2.)

V. Expense:

Students should pay a tuition fee. They may receive maintenance but should not receive compensation during the course. In all probability tuition fees will not cover the expense of the training, and money will have to be provided from some other source.

On the following points Miss Hilliard's Committee and your Committee are in agreement.*

1. Training courses for attendants should not be offered in institutions which also conduct training schools for nurses. This arrangement already exists in many state hospitals which will probably continue as they have been doing. Such an arrangement should not be started in the future.

---

*The Report of Miss Hilliard's Committee is published on page 664.

2. Types of institutions in which training for attendants can be given properly include the following:

1. Hospitals:
   Hospitals for—
      (a) Convalescents
      (b) Nervous and Insane
      (c) Chronics and Incurables
      (d) Tuberculosis Patients (Advanced cases).
2. Poor House Infirmaries
   Children's Homes
   Homes for Crippled Children
   Institutions for the Feeble Minded and Epileptics

It will be noted that other topics, not here included, must eventually come up for discussion, and that those here presented will probably require further definition.

The Committee strongly feels the importance of reaching some agreement, if possible, with the League of Nursing Education, in regard to the training of attendants. It seems wise, therefore, to make another attempt to hold a joint discussion before making a final report, and it is hoped that such a meeting can be arranged in the near future.

In conclusion, the Chairman wishes to take this opportunity to express her appreciation of the work of the members, and the time they have so generously spent in the interests of the Committee. Special acknowledgement should be made to the able and effective work of Mrs. Haasis.

Anne Hervey Strong, Chairman.

REPORT OF COMMITTEE ON INFANT WELFARE

The present chairman accepted the office on August 12th, following the resignation of the former chairman, Miss Ahrens, who was unable to carry the additional work owing to the heavy demands of Red Cross work.

The former committee members, Miss Wheeler of Washington, and Miss Fitzpatrick of Providence, were requested to remain upon the Committee. Two others, Miss Sara Place of Chicago, and Mrs. Virginia Knox Kimble of Topeka, Kansas, were asked to serve also, making a membership of 5. Two members, Miss Wheeler and Miss Place, represent specialized infant welfare societies in large cities, Washington and Chicago; one member, Miss Fitzpatrick, represents the welfare work as a department or division of a large visiting nurse association (Providence); one member,

Mrs. Kimble, represents infant welfare work in small town and rural communities; the chairman is an infant welfare nurse now engaged in field work for the Federal Children's Bureau and represents that department unofficially.

The following suggestions for the committee program were made as a basis for preliminary discussion:

(1) Plans for organization and extension of infant welfare work in connection with visiting nurse associations in small town and rural communities:

(2) Plans for infant welfare divisions or sections under Public Health Nursing departments in State nursing associations, whose purpose shall be promotion of infant welfare activities throughout the State:

(3) Definition of minimum essentials for reports of infant welfare activities of local organizations.

Zoe La Forge, Chairman.

REPORT OF THE COMMITTEE ON ORGANIZATION AND ADMINISTRATION

Your Committee has nothing further to report for the year than what was presented at Cleveland in May. The special Committee appointed at that time to continue the investigation of standardization of Treasurer's Statement and the Cost of a Nursing Visit has not yet reported back. The Committee is planning one other investigation, the results of which will be reported next year.

Catherine B. Codman, Chairman.

REPORT OF COMMITTEE ON SCHOOL NURSING

During the year 1918, the work of the Committee on School Nursing continued to be directed toward standardization of routine procedure. Systematic efforts have been inaugurated to that end. The need for the complete standardization of routine procedure becomes increasingly urgent. Seventy-one requests were made for copies of this work during the year.

The particular phase upon which efforts were directed during the past year was that of class health demonstrations. These demonstrations included: Tooth Brush Drills, Handkerchief Drills, Health Posters as an Aid in Health Education, Manicure Drills and Class Inspection.

The first three have a recognized value and the material for this is in the process of preparation.

The following points were used as the basis in determining the value of these demonstrations:

1. The creation of the need.
2. The interest of the pupil.
3. The organization of material.
4. The preparation of material.
5. The manner of getting it across.
6. The kind of questions asked.

Anna L. Stanley, Chairman.

REPORT OF THE TUBERCULOSIS COMMITTEE

Two meetings of the Tuberculosis Committee were held in Cleveland, Ohio, on the morning of May 8, 1918.

One of the most important matters presented for consideration was that the nurses in training should receive more adequate instruction in tuberculosis nursing with a definite amount of experience in a tuberculosis hospital. It was concluded that each member would make a special effort toward the accomplishment of this in her own State.

The second matter presented for consideration was the outline of work for the Committee on Tuberculosis. It was decided that the outline of work, as arranged by Miss Nelson, should be sent to each member of the Committee and that the nurses would make any necessary additions and corrections in the outline and return it to the Chairman of the Committee. A new outline of work for the year 1919 was to be prepared by the Chairman and the Tuberculosis Committee, with due reference to the suggested additions and corrections.

Due to the influenza epidemic the outlines were not returned promptly—the last one was received during the month of January, 1919. The new outline has been completed and a copy is enclosed. The nurses have been requested to make use of this outline and to be prepared to send in a report of their work for the year 1919 not later than December 1st, 1919, to the Chairman of the Tuberculosis Committee.

NOTE: A member of the Committee on Tuberculosis was appointed in each state, except California, Louisiana, Nevada, New Mexico, North Dakota, Tennessee, Utah, Wisconsin, and the District of Columbia; the following letter was sent to each member:

Dear ——,

At the meetings of the Tuberculosis Committee of the National Organization for Public Health Nursing, in Cleveland, in May, 1918, it was agreed that

the new outline of work be prepared by the Chairman of the Committee, and that the nurses would make use of the new outline in connection with their work in their respective states. I am, therefore, enclosing a copy of the new outline which has been prepared with due reference to the additions and corrections which were sent to me by the nurses on the committee.

With reference to paragraph 5, relative to tuberculosis surveys, for the benefit of those nurses who have never made tuberculosis surveys, I would like to say:

First, to those nurses who are in the large cities, a thorough investigation should be made of all reported cases of tuberculosis, but it would probably be quite impossible to look up the families of those who have died of tuberculosis, for more than a three-year period.

Second, for the benefit of the nurses who are in the small cities and rural districts, a card catalogue should be made of all deaths from tuberculosis for ten years back and all reported cases since the disease was made reportable. The homes of these patients should be visited to determine, if possible, in what condition the reported cases are at the present time and if other cases are apparently active in the homes of those who have died of tuberculosis.

I am sending a copy of the monthly bulletin of the Massachusetts State Department of Health, which contains a report of the survey of Barnstable County. This may be of help to you in case you should attempt to make a similar survey in a rural district. I have also sent your name to Dr. Arnold B. Armstrong, Director of Community Tuberculosis Experiment, at Framingham, Massachusetts, and if your name is not already on the mailing list I have asked him to have forwarded to you a copy of the medical reports of tuberculosis findings in Framingham.

I have had a rather meager report to send to the National Organization. Will you please bear it in mind that I am planning to ask each nurse on this committee to send me a report of her work the first of December, 1919, so that we shall have something to show for our efforts in tuberculosis nursing?

If I can be of any further help to you, will you please write me in detail?

Very truly yours,

BERNICE W. BILLINGS.

Recommendations For Outline of Work For Committee on Tuberculosis

1. That a more intensive educational program be adopted in each state. (For detailed information communicate with the local State Department of Health, and the State anti-tuberculosis organization, as well as the National Tuberculosis Association.)

2. That more definite instruction and practical experience in the care of tuberculosis patients be given to pupil nurses.

3. (a) That an effort be made to have each county town in State supplied with the services of a Public Health Nurse; and

(b) That the follow-up of all tuberculosis patients be in-

cluded in the nursing program of each community. This would include:

1. The after-care of ex-sanatoria patients.
2. Men exempted from the draft on account of tuberculosis.
3. Soldiers discharged from the army on account of tuberculosis.
4. The examination of all suspects and children exposed to tuberculosis.

4. That nurses be urged to interest the boards of health, and anti-tuberculosis associations in local communities, in the development of tuberculosis clinics, not only in the cities and towns, but also in central rural districts.

5. That a tuberculosis survey be made in each community. Surveys such as this should lead to the following results:

(a) An expert would act as consultant physician to private physicians and the dispensary.

(b) A system of better follow-up work.

(c) Dispensaries where the indigent patients could be examined free of charge.

(d) More sanatoria for the care of the early case of tuberculosis.

(e) More hospitals for the care of the advanced consumptive.

Bernice W. Billings, Chairman.

REPORT OF COMMITTEE ON RECORDS AND REPORTS

The Committee on Records and Reports can only give account of very small accomplishments during 1918.

Early in the summer word was received from Mead and Wheeler, who have previously printed the Standard Record Cards, that they had frequently been asked for a uniform day book, as the printing of such books in small quantities was such an expensive matter.

The Committee therefore set itself to get up a standardized day book sheet. About a dozen of the larger visiting nursing organizations were asked to submit their sheets. After comparisons, a standard form was evolved, but owing to the great diversity of items used by different associations, only the six in universal use were printed in, and six columns were left open, headings to be supplied according to the local needs. This was then submitted to the members of the Committee for their approval.

Bessie A. Haasis, Chairman.

CONCLUSION

It may be interesting to glance back over the seven years of the Organization's history and consider for a moment the pathway

over which it has traveled from the days of its modest beginning. In 1912, a budget of $5,000, making possible a national headquarters, a quarterly magazine and a full time salaried secretary seemed by no means modest for any nursing body. Only the faith and wonderful devotion of those who laid these foundations made the venture possible. But steadily the horizon has broadened, opportunities for genuine service have multiplied and diversified, members have increased—both those who sought and those who offered help. Now the one-room office has grown to three offices, with early promise of two more; the staff of one secretary and one stenographer has grown to six secretaries, a librarian and eight stenographers. The "Quarterly" is now a monthly and goes to every member. The insignia which all these years has been our inspiration not only hangs on the walls of a few associations, but is worn as a badge of membership as the symbol of an ideal by most of our 2,700 members.

Meanwhile, true to its ideal, the Organization, gladly acknowledging other potent influences, has succeeded in planting the desire for higher and better standards of Public Health Nursing in communities far and wide over the land.

"Free" service has given way to the "fee" service.

The value of scientific records is acknowledged.

The public obligation of financial reports is granted.

Stable methods of support are more generally practised.

Salaries more nearly adequate are paid.

Business methods of administration are practised.

Public Health Nursing is extending to people of all classes.

Its mission of prevention is as well known as its curative service.

Claims for the eligibility of a good practical nurse have long since given way to demands for "only a fully qualified nurse."

It is some time since the National Organization placed the emphasis of its work on stimulating public demand for Public Health Nurses. The emphasis is now placed on imploring nurses to enter this field. An unlimited future lies before the nursing profession in Public Health Nursing, because it stands potentially for health protection and sickness care to 100 per cent of the population, according to the need of all. It stands potentially for the equitable distribution of nursing service, with no wastage of its precious skill. To the new opportunities created by the war has been added the demonstration of its effective organization and its capacity for ready expansion occasioned by the influenza epidemic. It will, in

the relatively near future, we hope, be added as one of the most welcome benefits of health insurance. Then, if not before, it will be recognized and claimed as a public utility and no longer as a charity—and the Public Health Nurse will have reached her goal of being, according to the measure of each individual's needs, a public servant, a community nurse. Decades may pass before this ideal becomes real, but the National Organization has laid out for its 1919 program some measures which will surely help to bring the time nearer.

GENERAL AIM

(a) Improved Public Health Nursing standards through proper education and effective legislation.

(b) An increased supply of qualified executives and teachers and staff workers.

(c) Recognition of Public Health Nursing service as a public utility and its extension to the entire population.

THE 1919 PROGRAM INCLUDES THE FOLLOWING:

(1) Increase the immediate and the permanent supply of Public Health Nurses.

(2) Extend opportunities for Public Health Nursing education both in postgraduate and undergraduate schools.

(3) Supplement and extend work of Public Health Nurses by training and employment of trained attendants under supervision of Public Health Nurses.

(4) Encourage the development of community programs of Public Health Nursing service as a public utility, the ultimate aim being equitable distribution of the service to entire population both in municipal or county units.

(5) Stimulate State legislation looking toward State direction of Public Health Nursing under immediate guidance of divisions of Public Health Nursing within State Departments of Health, with qualified Public Health Nurses as chiefs of divisions.

(6) Effort to continue division of Public Health Nursing created for period of the war within the United States Public Health Service.

In closing, the Secretary wishes once more to express her deep sense of personal indebtedness and gratitude to the officers of the Organization and to their local boards of directors who have so

generously shared their executives with us, and very especially to the secretarial and clerical staffs who have worked together so happily, faithfully and well.

Ella Phillips Crandall,
Executive Secretary.

A REQUEST

Members of the National Organization and subscribers to THE PUBLIC HEALTH NURSE are asked to note that change of address for the magazine must reach the publication office, 612 St. Clair Ave. N. E., Cleveland, Ohio, not later than the fifteenth of the month *previous* to that for which the change is to be made.

Non-receipt of issues of the magazines is attributable in the very great majority of cases to neglect of this rule. There have been cases in which three changes of address have been received for one subscriber in as many months, each change arriving too late to take effect in the issue for which it was sent; thus the subscribed lost three issues in succession.

The preparation of the mailing list takes time and it must commence promptly each month. Please help us and yourselves by thinking of this and sending all changes as early as possible.

WORK OF THE PUBLIC HEALTH NURSE IN ITALY

Supplementary Report of Nursing Section, Commission for Tuberculosis, American Red Cross in Italy

BY MARY S. GARDNER

[EDITOR'S FOREWORD: As most of our readers know, Miss Gardner was appointed last year, on nomination of the National Organization for Public Health Nursing, as Director of the Section of Public Health Nursing of the Tuberculosis Commission to Italy, a position which she held from September, 1918, to the middle of last May. The Commission has just issued a report of its work, together with the following Supplementary Report on Nursing. The activities which this Report covers stand out as one of the most important landmarks in the "Attempt to establish a method of international coöperation in public health and welfare work" which has been the ideal of the Commission, and in the record of Public Health Nursing achievements during the war.]

In any consideration of the question of Public Health Nursing in Italy the general nursing situation must be taken into account. A study of Italian nursing history shows two things: first, that in the far past Italy played well her part in the nursing movements of the day and secondly that that past still dominates the present. The early nurses of Italy were, as in other countries, monks and nuns, men and women whose lives were dedicated to the church and who nursed the sick as an outward expression of their religious faith. At the present time this influence is still felt throughout the country, for nuns are to be found in the majority of Italian hospitals while a secular nursing profession is as yet but little understood.

Nursing Groups in Italy

The war has so affected hospital and nursing conditions that it is extremely difficult at this moment to obtain figures at all representative of normal conditions. Nursing groups in Italy, however, may perhaps be broadly summarized as follows:

Nuns.—A large group whose work and personnel varies greatly according to the orders to which they belong. In some instances the finest type of women are to be found, and excellent work is done by them. They are usually untrained according to modern standards, though there are a few exceptions to this general rule.

As their whole lives are given to their work, however, they often become very proficient through experience. Unfortunately they rarely take entire charge of their patients, but act rather in an administrative capacity, giving medicines, assisting in the operating room, caring for the linen and taking general charge of the wards, leaving the actual nursing care of the sick to untrained attendants of the servant type. Men are rarely nursed by the nuns. Their employment offers a number of advantages; perhaps most important is the fact that the spirit of service actuates their work. It is also an inexpensive and convenient form of nursing service, for if a religious order staffs a hospital the management is at no further trouble. There is usually an adequate supply and if one nun is sick another appears to take her place immediately. The complete laicisation of nursing in Italy would undoubtedly be a calamity. It would seem wise to offer a better and more general training to nuns. Even though a secular body of trained nurses may later be developed, the nuns must continue to occupy an important place in the nursing economy of the country.

Monks also care for the sick.

Infermiere.—This group, a large one, presents few possibilties of improvement. Hours of work are too long, living conditions too hard and salaries too low to attract a fine type of woman, nor does the work stimulate ambition. The doctors give most of the treatments usually given in England and America by nurses and little attempt is made either to increase the skill of the infermiera or to secure a type of woman capable of such improvement. It may be generally stated that few infermiere would be capable of receiving a nurse's training, even were requirements reduced to the lowest possible minimum. One unfortunate custom also prevails which is demoralizing to the infermiera's ethical standard and which does much to prevent a uniform and disinterested care of the sick. In many hospitals fees are taken by infermiere, which inevitably leads to neglect of the poorer patients who are unable to "tip" their nurses. The infermiere may perhaps have a place in the economy of hospital management, but she can be looked upon as nothing but an unmixed evil, if regarded as a substitute for a graduate nurse or pupil of a well administered training school.

Nursing is also done by men infemieri, who are of about the same type as the women.

Graduate Nurses.—The training school idea has unfortunately not yet taken any deep root in Italian soil. It is extremely difficult to state definitely the number of training schools and the number of graduate nurses in the country, because there is considerable difference of opinion as to what constitute training schools and graduate nurses. The term *recognized training school* is hard to define in any country. Certainly in America more than one battle royal has been waged over the question. Perhaps it would be wiser for a foreigner to avoid the thin ice of controversy on this dangerous subject by merely stating that even when taken in the broadest sense possible, Italy can hardly be said to possess more than a very few hundred graduate nurses, with perhaps less than half a dozen training schools all told—obviously numbers almost negligible when considered in the light of a country's need. Unfortunately there does not seem to be an increase either in the number of training schools or the number of students, of late years. On the contrary, the tide seems almost to be turning the other way. How much this is due to war conditions can best be determined later. Certainly many young women have been at work as Red Cross and Samaritana nurses in military hospitals, but what proportion of these might otherwise have entered a training school, it is hard to say: probably few. The reasons why Italian girls do not take readily to professional nursing are not hard to find. Undoubtedly many influences have been at work; among them, the unwillingness of parents to allow their daughters to undertake such an unfamiliar type of work, the fact that the convent provides for the great body of women feeling the need of a vocation, an accepted method of meeting this need, the lack of appreciation by the doctors of the advantages of a trained nursing service, and in addition, of late years, war conditions, which have provided a number of forms of well-paid work for women. The fact that Italian girls marry earlier in life than do American girls also undoubtedly has its bearing upon the situation. In America many young women give the years between twenty and thirty to nursing work, marrying at the end of this period. In Italy the number of single women between these ages is greatly reduced by early marriage. Also, and this point is of the utmost importance, hospital authorities are not hospitable to the training school idea. It is considered too expensive a form of nursing, and a woman superintendent with proper authority is thought undesirable. Even were plenty of pupils available, few hospitals are ready to open schools to receive them. Until, however, nursing acquires a more dignified and recognized position in

the country, until young women of education and refinement enter the training schools, and until the training schools already existing are multiplied many hundred times, Italy will fail to take her place among the nations which are trying to cope adequately with their health problem as a whole.

Midwives.—The midwife situation in Italy is undoubtedly much better than in America. The Italian midwife must by law have had two years of training and one year of practice, before she is permitted to exercise her profession. In some of the small towns, particularly in Tuscany, midwives act as operating room nurses.

Italian Red Cross Nurses.—This is a large group of intelligent and interested women of whom all are volunteers, no salaries being paid. Courses of instruction, theoretical and practical, are given by the Red Cross, extending over a period of three years. In the first year not less than 25 lessons and at least one month in the hospital with 8 hours daily duty are required. In the second year not less than 20 lessons and at least 3 months in the hospital or ambulatorio are required. The third year is a repetition of the second. The second and third year may, under certain conditions, be combined. Diplomas are given after theoretical and practical examinations. Nurses holding diplomas must have at least two months' experience in a hospital each year; otherwise their grade is lost. The conditions for eligibility are membership in the Italian Red Cross, an age limit between the ages of 18 and 45, and a proper introduction by one of the ladies of the Directive Council. If the candidate is under age or married the written consent of her parents or husband must be presented.

The Samaritana Nurses.—The Scuola Samaritana offers two courses, one for first aid and one for nursing the sick and wounded. First aid courses cover two months, with thirty lessons. The nursing courses include 54 lessons and cover a period of six consecutive months. For those who already hold diplomas of the school, there are supplementary courses in massage, electrical therapy, gymnastics, and so forth. Instructors are not paid. Any one, male or female, of any social class, upon payment of a small fee, may apply for entrance to the courses.

In addition to these more recognized groups there are other nurses trained by means of short courses, sometimes for general work, sometimes for some specialty. These courses are given both in connection with hospitals and in connection with dispensaries.

Many such efforts have perished; others have been of longer life; but none seem to be affecting seriously the general nursing situation, even locally. A number of guilds also exist, named after the different colored crosses, the White Cross, the Green Cross, the Gold Cross, and so forth. These guilds are composed largely of men who are trained to give first aid and who are often extremely useful in carrying patients to hospitals and performing other services of a like nature. Sometimes the scope of the work is somewhat enlarged to include a certain amount of nursing.

Public Health Nursing

Public Health Nursing in the sense in which that term is used in England and America is, in Italy, non-existent. Home visiting is done to a small extent by nuns, and in some instances nursing care is given by them to the patients in their homes. Usually such care is made secondary to the dispensing of material relief and the giving of spiritual comfort or instruction. Home visiting is also carried on from a number of dispensaries by groups of volunteers many of whom do excellent individual work. Knowledge and skill are, however, gained only by experience, and in all these efforts which have been studied the usual limitations of volunteer work have been evidenced: namely, an insufficiency of time spent, an absence of training and a lack of continuity of work caused by the call of other duties. In one group dealing with tuberculosis patients, all work stopped during the influenza epidemic (a time when an added vigilance was required), not because the workers themselves were ill but because, being mothers and wives, it seemed unwise to run the risk of contagion for themselves and their families.

Italy is undoubtedly no exception to the general rule in other countries that it is only through the work of specially trained women, working professionally, that effective Public Health Nursing is to be accomplished. In considering the question for Italy every effort was made to take into account the various aspects of the situation, and to bring to bear upon the subject all the knowledge to be gained from American experience. From the beginning, it was evident that two dangers confronted us, the danger on the one hand of attempting to do a piece of delicate work with an inappropriate tool, and the danger, on the other hand, of failing to do any work at all because the accustomed tool was not to be had. A third danger also lurked round the corner, the danger of introducing one more short cut to an end which can only be successfully reached by the long road of hard work and disciplined training, and in so

doing of making more difficult the path of those few women who for years have been trying to uphold nursing standards in a country to which this commission is devoting but a few months. One fact, however, seemed to stand constantly out, overshadowing all other considerations, the great need of the people, particularly the poor, for nursing and instruction in their homes. At first the outlook seemed rather dark, but after four months spent in meeting and talking with Italians from different parts of the country the way became clearer. Many vague plans were discarded and the problem resolved itself into more simple outlines.

Plans of Work

The nursing section naturally planned to follow the general policy of the Commission; namely, to work only with Italian committees, and only upon request. The problem, therefore, seemed two-fold, the creation of a desire for the work and the creation of a group of workers. The former involved the stimulation of groups of Italians to a consciousness of the need of public health work, a stimulation which must be carried to the point of the formation of committees. The latter involved the training of a few carefully selected Italian women to act as pioneers and teachers in the new field. It was felt that the first object could best be gained by demonstration, the second, through the formation of committees of Italians to organize courses of instruction. For both objects it was first necessary to find men and women in various cities and small towns who would be interested, not only in the founding of public health visiting work, but also in opening to women new fields for professional activitiy.

In looking over the field of possible groups of workers the most desirable naturally seemed the graduate nurses. As has already been stated, however, this group is lamentably small when considered in the light of the great need for their services. Few, if any, can be spared from their hospital duties, and in addition, it is not easy to persuade an Italian girl, fresh from the supreme effort of hospital graduation, that it is desirable to enter a further period of training to fit herself for a position about which nothing definite can be told her. Reluctantly, therefore, all idea of securing a group of graduate nurses was abandoned, but only, it is hoped, temporarily. As the training schools increase, and it is hardly conceivable that they should not increase in this enlightened land, some affiliation may possibly be arranged which will go far to solve the problem of Public Health Nursing for Italy.

The nuns and infermiere for obvious reasons seemed out of the question for our purpose, and there remained, if hospital experience was to be a requisite, the large group of Italian Red Cross and Samaritana nurses, rapidly being demobilized after one, two and three years of war service in military hospitals. Among the number who have served their country in this way are many who have loved the nurse's work and who would be glad to continue it on a paying basis.

The working out of the first problem, the demonstration of Public Health Nursing work, was not a difficult one. Through the activities of the other departments of the Commission a number of communities became interested and Italian committees were formed to carry it on. It would have been a simple matter to place many American nurses in Italian cities and towns. It seemed, however, unwise to do this to any large extent unless some assurance was given of a possible future for the work. The mere placing of an extraneous American nurse would accomplish little if, when she was withdrawn, only regret was felt at her departure and nothing effective done to replace her. It was, therefore, decided to place a very limited number of American nurses in what might be called *holding positions*, positions which would be held and developed by them until such time as Italian students could be educated to replace them.

The training of the workers presented a more difficult problem. In the first place an enlightened Italian committee must be formed, willing to work hard and capable of sufficient elasticity of thought to permit the grasping of unfamiliar ideas; a committee also from whom permanency of work could be expected. A single course offered by American nurses, with no hope of successive courses would avail but little.

In the second place a group of workers must be found possessed of the pioneer spirit and of the type of ability likely to ensure success.

In the third place Italian doctors and other lecturers must be secured and interested in the new idea.

In the fourth place a field for practical instruction must be developed by the American nurses under wholly Italian auspices.

In the fifth place the market for the product must be stimulated that positions might be ready for the newly educated workers.

Schools for Infermiere Visitatrici

The first step was taken in Rome by the formation of a committee under the auspices of the Federation of Women's Clubs. This first committee was not successful, but after two months of ineffectual effort it was reorganized and became a strong, interested and increasingly effective committee. In Genova and Palermo the nursing committees were sub-committees respectively of the Lega Antitubercolare della Provincia di Genova and the Lega Antitubercolare della Provincia di Palermo.

Applicants for the courses were not long in coming forward in considerable numbers, but it was decided to set a definite limit to the classes and to take only such a number (sixteen at most) as would make possible careful individual instruction in home visiting by the American nurses. The type of young women desiring entrance differed in the different cities. In Rome, of the thirty or more making application it was possible to select sixteen who held nursing diplomas and who had had two or more years of hospital experience, the greater number of whom also were of a distinctly superior type. In Genova, though the number of applicants was large enough, many were without hospital experience or training. In Palermo, of the thirty-five applying none had had hospital experience though fourteen were graduates of a normal school.* Scholarships were offered to enable students to come from other places to take the courses. These scholarships were limited to the exact amount required for maintenance.

Arrangements for lectures from Italian doctors and specialists on hygiene, dietetics, etc., were everywhere made without difficulty and much interest was shown by them in the students and the course of study.

The most difficult problem of all, perhaps, was the securing of a field for practical instruction. In order to teach home visiting it

---

*Owing to the lack of applicants with hospital experience it was reluctantly decided not to open the school at Palermo. This decision was only reached after nearly two months of study of the situation, and after the ground had been carefully prepared for field instruction.

Among those applying for the course were fourteen normal school women, excellent material for the nursing profession. The interest shown by the committee and these women leads us to hope that something may be done toward the establishment of a training school in Palermo in connection with one of the hospitals and with public health affiliation. Meanwhile, positions are offered to graduates of the Rome school and American nurses will continue to occupy "holding positions" awaiting the students' readiness to take them over.

was necessary that the American nurses should have a legitimate mode of entry into the homes of dispensary or other patients, in order that the students might be taught by actual demonstration. A number of doctors in each city were interviewed and without exception were ready to offer their dispensaries in order that this type of field teaching might be given. Though this home work necessarily differs in a number of details from that considered desirable in America, we feel that a beginning has at least been made by means of which instruction may be given the Italian students. It is hoped, however, with succeeding courses that better field work may be developed producing better teaching facilities.

As regards the market for our product, little credit can be taken by the nursing section of the commission for its stimulation. Field workers from several other departments and Italian executive secretaries have described so ably the advantages of the public health visitor that more positions have offered than can be filled by graduates of the first courses. Public school positions offered in Genova and Milano, municipal positions in Rome, dispensary positions in Palermo, while a number of other cities and towns, Perugia, Terni, Fano, Pesaro, Mestre, Siena and others have raised money for the salaries of a visitor. Several cities have formed committees and have sent nurses to Rome, or Genova for the course, holding positions in readiness for their return. In a few of these positions we have placed American nurses who will have the work somewhat developed by the time the student is ready to take it up. In others an American nurse will accompany the student after her graduation, helping her to establish her new work.

The schools opened on March 17th in Rome and on April 2nd in Genova. In Rome there are 16 students and in Genova 15. One American nurse is in charge of each school while 6 others in each city act as instructors in dispensary work, school and home visiting. All the educational work is under the directorship of one educational head. Lectures are given by Italians, though American doctors also lecture through an interpreter. Conferences are held by American nurses. Dietetics and invalid cooking are taught by both American and Italian teachers, the Italian teacher being lent by the Ministry of Industry. The courses of study differ somewhat in the different cities but the following subjects are taught in all:

History of Public Health Nursing,
Theory and Methods of Public Health Work,
Tuberculosis Nursing,

Child Welfare Nursing,
School Hygiene Nursing,
Dietetics,
Obstetrical Nursing,
Diseases of the Skin; of the Eye; of the Ear, Nose and Throat,
Sanitation,
Housing,

with one or two lectures on Italian mortality and mobidity statistics.

The courses are four months in length, the first three months being divided between lectures, field work and practical work, and the fourth month being given entirely to field work. In Rome the course is held in two simple rooms, formerly stores, and in Genoa at the Tuberculosis Institute and at the University. In Palermo the School of Hygiene, a Department of the University, placed a commodious room at the disposal of the nursing committee had it been possible to open the school.

Scholarships

In order that a wider horizon might be obtained, scholarships have been offered which will enable three of the most promising students to go to America for further study. Details of this plan have not yet been worked out, but it is hoped to combine this small group of Italian students with a larger group from France, thus making possible an educational exchange which will be of real value.

Rural and Small Town Nursing

The question of Public Health Nursing for the small Italian hill towns, and also for more backward parts of the country, presents many difficulties. In order to understand the problems involved, nurses were sent to Sardegna to report on conditions there, and also to work in two small hill towns, Sezze and Piperno, situated fifteen miles apart above the Pontine Marshes in the heart of the malarial district.

After studying the situation in Sardegna it seemed best to send a student from Cagliari to take the course in Rome, later to return to the Island to inaugurate the work in her own town, with the help of an American nurse.

Two Studies (Sezze and Piperno)

The points to be studied at Sezze and Piperno were five in

number; whether a public health visitor would be welcomed in the homes, whether her services were needed, whether a woman of the right type could live comfortably in the towns, what cooperation she would receive from the community as a whole and what financial support could be counted on for the work.

The first point in both towns was quickly decided. The nurses were warmly welcomed everywhere. Their services were not only received with appreciation, but were most earnestly sought.

In regard to the second point there was even less doubt. In Piperno, a town of a little over 6,000 inhabitants, the dispensary, as soon as opened, was well attended, while home visiting both for bedside care and instruction was easily developed. Pathetic cases quickly came to light. A widow, the mother of eight children, three of whom had died from influenza, and whose son was in the army, had taken to her bed too ill and discouraged to try to get well. There was no one to work the little plot of land, far below in the valley, so that poverty was added to illness. The room in which the children died was unoccupied because the mother could not bear to go into it, and the family was living in one room with practically no light and air. A little financial assistance, a little nursing care and the strength of a helpful personality are all that is needed in a case like this to wholly change the miserable situation.

In Sezze (6,800 inhabitants) housing conditions make bed unpopular unless an illness is extremely grave, but the newly opened dispensary averaged thirty cases a day, and the nurse found great demand for the instruction and advice which was readily received. A number of conditions were found which could only be dealt with through the concerted action of the towns-people. No dentist being available, dental care was unknown. Children in the schools were obviously suffering from defective eye-sight, but there was no oculist to consult. Two children of an intelligent mother were found totally blind and no one had thought of any form of education for them. Sezze is in the Province of Rome, two hours by train from the capital. Its people are astonishingly receptive to new ideas. The need for a Public Health Nurse whose advice and counsel will carry weight cannot be questioned.

The third point, living conditions for the nurse, presents difficulties which might be of greater or less moment to an Italian worker permanently stationed there. In both towns sufficiently comfortable quarters were eventually found for a limited stay, but there can be no doubt that the transplanting of a city-bred woman

of refinement and intellectual superiority to the limitations of a small and isolated town will always be fraught with difficulty.

Regarding the fourth point, the degree of cooperation received from the community as a whole, the two towns differed slightly, but in both the spirit of cooperation was perhaps rather better than in the average American town. Additional street cleaners were put on in Piperno while the Sindaco and Pro-Sindaco gave constant assistance. In Sezze an excellent committee supported the nurse at every turn, making every effort to further her projects for health improvement. The schools were opened to her, and the teachers most kind. The cooperation of the doctors in both towns differed according to their personal interest. Some were extremely desirous of the nurses' services, others did not want them.

The last point, the question of financial support, is likely, for the present at least, to prove a very real stumbling block. Though these two towns cannot be classed as very poor, and although they are ready to raise money for health work, it will be some time before the necessity for paying a sufficient salary to secure the right kind of woman will be understood. In neither town was a suitable woman found who could be sent to take a course in Public Health Nursing and who could then return to her own home to work. Both towns are ready to raise some money for salaries, however, which is a hopeful sign.

To sum up the results of these two studies:

If Sezze and Piperno are at all typical of other small Italian towns, and we have reason to believe that such is the case, it seems probable for the small towns of Italy.

1. That the services of a good Public Health Nurse would be warmly welcomed by the people.

2. That there is great need for such service for bed-side nursing, for dispensary and school work, and for general home instruction on health matters; also for assisting the people to obtain for themselves more modern health advantages along various lines.

3. That it is going to be difficult to induce an Italian nurse to accept the limitations and discomforts of small town life.

4. That the community as a whole would probably be quite as ready as the more backward American towns to cooperate in the nurse's efforts for improvement, though in this statement an understanding of the difference between Italian and American standards must, of course, be taken into account. The doctors will, as in America, prove the importance of the personal equation. Some will be found cooperative, others the reverse.

5. That the average small town will not readily understand the necessity of paying a sufficient salary to secure the right type of woman for Public Health Nursing work.

Since the nurse is needed and the nurse is wanted, it seems possible that some cooperative plan might be worked out between nearby towns whereby a sufficient salary could be raised to secure the part-time services of a good woman. Eventually the need, when more perfectly understood, may be met through some government body. For the moment, probably the most effective expenditure of money and effort for public health work will be in the cities and larger towns. Later the small town work in Italy can undoubtedly be developed as has been rural and county nursing in England and in America, bush nursing in Australia and back block nursing in New Zealand. Meanwhile nothing can be done without the worker. The heart of the difficulty would, therefore, seem to be in the problem of nursing education.

Future Educational Possibilities

It may well be asked what we are looking forward to educationally, what, in the parlance of the day, is our constructive program. Any attempt to outline too definitely a plan for the future would be wholly futile. In such pioneer work as this, one step at a time only can be taken. A few salient points, however, present themselves. Italy, in many ways so advanced, is, in regard to her nursing work, more backward than the other countries with whom she naturally takes her place. If international health programs are to be inaugurated, Italy will find herself handicapped in taking her part in carrying them out, since in other countries the Public Health Nurse is accepted as an indispensable adjunct to efficient public health work, and most of the programs arranged will include her as a matter of course. Granted, then, that Italy requires a Public Health Nursing service, how is she to get it?

In America and the various parts of Great Britain the problem is not a difficult one. A large body of well-trained nurses already exists to whom may be given in a comparatively short time such additional training as will fit them for public health work. Let us for a moment consider the American situation in the light of its possible bearing on Italy. In the past in America it has been felt that whatever a nurse's future work was to be, three years of preliminary training in a hospital were indispensable. Of late years, educators have begun to ask themselves whether it is necessary for a nurse who expects to specialize to precede her public health train-

ing by a full three years so spent. It is generally now conceded that such is not the case, but that public health training both theoretical and practical may, by affiliation with a local public health nursing organization, form part of the curriculum of the three years' hospital course, thus enabling the young graduate to enter the public health field fully equipped for her duties. In other words, the last year of a hospital training may, it is thought, be made elective and Public Health Nursing take its place as an elective course.

A significant step is taken the moment we begin to reduce the time spent by a pupil nurse in the hospital, for the question is at once raised as to the amount of hospital training actually required to fit her for work which is to be done in a wholly different environment. An answer to this question is possible only in the light of experimentation carried on with an open mind. One thing is certain; for new types of workers new forms of equipment are required. The necessity for adding to the three years' hospital training was early recognized. It is only recently that the possibility of subtracting from it to advantage has been considered. A good article must be produced, but it is certainly as wrong that four years should be taken to produce what can be accomplished equally well in three or two as that a poor article should be turned out for lack of time spent on its production.

For Italy these questions have an important bearing. She is without an adequate nursing supply. Her sick poor are unnursed in their homes. It is vital that no time be lost through a badly adjusted plan of education for those who are to serve her need. In America hospital training schools were already well established before Public Health Nursing became an important factor in health work. Therefore, public health training has been, as it were, tacked on to the regular educational scheme, as a rule merely being offered in the form of post-graduate courses for those who could afford it. Only very recently has there been any attempt to make it a legitimate and logical part of the curriculum, and in all such efforts the task has been made more difficult because of this long divorce. In Italy the mould of nursing tradition is as yet but lightly set and it ought to be easy to inculcate new methods which could form part of a well-planned educational plan. If the training schools already existing might find it possible to cooperate with newly formed Public Health Nursing committees for the education of young women for the public health field, and if new training schools as they open might do the same, much could be accomplished for Public Health

Nursing in a comparatively short time. It may well be urged that this represents a long look into the future; that such cooperative schemes present many administrative difficulties and that not only are the training schools almost non-existent, but those which do exist, small as they are, are constantly confronted with a shortage of pupils. All this is true, but in America many women enter training schools attracted especially by the opportunities offered by public health work. Indeed, the development and astonishing growth of this field has without doubt acted as a stimulant to training school enrollment, bringing not only many pupils to the schools but making an especial appeal to college girls and others of superior educational advantages. It seems, therefore, quite possible that, if the field of Public Health Nursing could be somewhat developed and brought to the notice of a certain type of young woman, there would be a tendency toward an increase of interest in training for the work by means of a good hospital course. Unfortunately questions of compromise are, perhaps, the most difficult we are called upon to answer. They usually involve a sacrifice of standard or of desire in order to make possible the attainment of some less perfect thing.

For Italy we hope some day to see a large body of well trained women for public health work, but it must be remembered that in nursing matters Italy is at the present moment at the point where England and America were a comparatively short time ago. She is merely recognizing somewhat later her nursing problem and is therefore at a later stage of development in the solving of it.

Two courses are open to those interested in that solving, a policy of waiting, the laying aside of all effort to inaugurate Public Health Nursing until such time as training schools have been opened in sufficient numbers to turn out graduates for the work, or the starting of public health courses for non-graduates which, though simple, will be good of their kind and which will act as the thin edge of the wedge which will later make possible better things.

In deciding between these two methods of procedure it must not be forgotten that the acquisition of an adequate nursing service has in every other country involved a slow process of evolution.

Italy must work out her own nursing salvation and it must be an Italian salvation worked out by Italians in an Italian way.

STUDY OF PUBLIC HEALTH NURSING IN WESTCHESTER COUNTY

BY ZOE LA FORGE

EDITOR'S FOREWORD: Some months ago the National Organization for Public Health Nursing was requested by a special committee of the Westchester County Conference for Public Health Nursing to make a study of Public Health Nursing in the county. Miss Zoe La Forge, field nurse of the Federal Children's Bureau, was released by the Bureau, on request of the National Organization, for the period necessary to make this study, and after a careful survey made the following report to the special committee.

"The report," says Miss La Forge, "places emphasis upon the use of facts, particularly the facts of vital statistics, as a basis for development of Public Health Nursing, because these are valuable chiefly as a means to the saving of lives and not to the making of neat and orderly reports." The original report was accompanied by 11 statistical tables, illustrating the method of study pursued. It has only been possible to publish four of these charts here, but notation in regard to each of the others will be found in the appropriate place, in order to make quite clear the method which was adopted and the application of the various statistical data collected from the State Dpeartment of Health and other sources, to the purposes of the study.

Statement of the Problem

Purpose:

The study of Public Health Nursing in Westchester County, New York, was made at the request of a special committee appointed by the Westchester County Conference for Public Health Nursing, to consider plans for a federation of existing associations for the purpose of promoting Public Health Nursing in the county, coordinating work where necessary, and filling gaps which the present service did not cover. It was clear that the committee was not committed to federation if the results of the study should prove this to be undesirable with sufficient reason. The purpose of the study, then, was to gather material from original sources showing the fields covered, the various types of service rendered, the achievements or accomplishments in work done recently, and something of the plans for future development or extension of the work of the various organizations, so far as this information was available. A preliminary canvas had been made by a member of the committee who was assured of the active and cordial cooperation, in behalf of the study, of some twenty-seven associations both public and private which were engaged in Public Health Nursing.

The Plan of Study and Method:

The plan of study followed was to visit the chief officer or a

representative of each association, to discuss the general policy governing the nursing service, and later to visit the nurse employed by the association, usually in the field she served. Where a superintendent or supervising nurse was employed she was interviewed instead of the field nurse. No attempt was made to observe the actual work of the nurses; their work was discussed from the point of view of the field covered, service rendered, and the problems involved therein.

The field work of the study occupied approximately six weeks time. Eighty-six interviews were held with members of boards of managers or directors of private organizations, superintendents or directors of public associations, and field workers. Headquarters were maintained in the office of the Department of Child Welfare of the County Commissioner of Charities and Corrections through the courtesy of the Director of that division, Miss Ruth Taylor. The field work covered every part of the county with the exception of the extreme northeastern towns; however, the nurses covering this territory were interviewed in the adjacent towns which were a part of their assigned field.

Political Divisions and Population:

In order to make clear the varieties of service in the county, it is necessary to describe the geographical and political divisions and the composition of the population in the county; the relation of these factors to the nursing service is direct and constant and their consideration is inevitable and vital.

The population of the entire county at the time of the State census in 1915 was 321,713. The county has one city of the second class, three cities of the third class (a), and three villages of the third class (b). The combined population of these seven communities at that time was 220,533, which was 68.5 per cent of the total county population. The county has nineteen other incorporated villages and, because the communities of Eastchester and Scarsdale correspond more nearly to suburban or village organization, for the purposes of the study, their population has been included with that of the nineteen villages. This was 61,897 in 1915, or 19.2 per cent of the entire county population. Exclusive of the cities and villages, the remaining population is strictly rural. This was 39,283 in 1915, or 12.2 per cent of the entire county population. The ten towns in the northern part of the county have by far the predominant part of this rural life; it equalled 27,365, or 69.6 per

cent of the total rural population. The other rural parts of the county lie in the towns of Harrison and Greenburg, which have respectively, 18.4 and 10.2 per cent of the rural population.*

The county has, then, city, village and rural life in sufficient proportions to command thoughtful consideration of each group in the reasonable development of a Public Health Nursing program.

In the absence of any general statistics on race and nationality, the composition of the population can best be indicated by the proportions of colored and foreign born mothers or babies born in 1915 and 1916, as given in both Federal and State reports of birth statistics. Less than three per cent of these mothers were colored and of these about four-fifths lived within the seven cities comprising the largest population group previously described. Of the white mothers fifty-six per cent were foreign born, more than one-half of these in 1916 were Italian; the other predominating non-English speaking mothers were Austrian and Russian. It is interesting and significant that a very considerable number of these foreign born mothers, 26 per cent, lived outside the cities and are therefore a factor in the village and rural health problems. The fact that these percentages were higher in 1916 than in 1915 shows the trend of the population movement within the county and is evidence of the worth and value of the study of available statistics in order to anticipate and control to some degree, at least, local health situations.

Vital Statistics:

The tables on vital statistics which accompany the report are included chiefly as a clear reflection of the needs for public health service in the county.* They present facts which are incontrovertible evidence of those needs. When gathered and collated over a period of years they clearly indicate and forecast the public health problems of the immediate future. There is no more striking evidence of this than in the monthly reports and summaries of

*Accompanying Table showed Population and Area of individual cities, villages and towns of the county, as given in State Census, 1915.

*Four tables were included, but only two are reproduced here; the two additional tables showed deaths in the county for the years 1916 and 1917 from all causes, by broad age periods, for the entire county and for individual towns and villages. (Data furnished by Division of Vital Statistics, State Department of Health.)

the State Department of Health for 1915, 1916 and 1917 which called particular attention to the progressive increase of influenza and pneumonia, which reached a high tide in the tragic epidemic in the autumn of 1918. It is regretted that full statistics for the county later than those for 1916 are not available at the present time. However, these are sufficiently complete and detailed to

WESTCHESTER COUNTY

Summary

DEATHS BY IMPORTANT CAUSES

1916.

From Data Contained in Annual Report, 1916, State Department of Health.

Population (1915)	321,713	220,533	61,897	39,283
Cause of Death.	Entire County	Cities	Villages	Towns
Typhoid fever	10	8	1	1
Measles	28	17	2	9
Scarlet fever	9	7	2	0
Whooping cough	25	23	0	2
Diphtheria	37	25	7	5
Influenza	53	33	15	5
Pulmonary tuberculosis	355	212	37	106
Tuberculosis meningitis	34	18	8	8
Other tubercular diseases	26	19	1	6
Cancer	272	181	28	63
Diabetes	51	38	7	6
Cerebrospinal meningitis	13	10	3	0
Acute anterior poliomyelitis	125	86	18	21
Apoplexy	286	193	43	50
Organic heart disease	491	314	76	101
Bronchitis	48	31	8	9
Broncho pneumonia	168	115	30	23
Lobar pneumonia and unqualified	340	240	56	44
Diarrhea and enteritis under 2 years	153	113	23	17
Nephritis and Bright's disease	415	288	60	67
Puerperal sepsis	16	14	1	1
Other puerperal affections	20	12	4	4
Congenital malformations	48	35	8	5
Premature birth	136	104	18	14
Congenital debility	32	17	10	5
Old age	15	14	1	0
Accidents	255	171	51	33
Suicides	42	29	9	4
Homicides	12	6	4	2
All other causes	752	540	105	107
Totals	4,267	2,913	636	718

WESTCHESTER COUNTY

Summary

Deaths by Important Causes

1917.

From Data Furnished by Division Vital Statistics, State Department of Health.

Cause of Death.	Entire County	Cities	Villages	Towns
Typhoid fever	16	11	5	0
Measles	9	5	3	1
Scarlet fever	7	7	0	0
Whooping cough	23	15	4	4
Diphtheria	47	34	9	4
Influenza	33	19	8	6
Pulmonary tuberculosis	346	206	42	98
Tuberculosis meningitis	45	34	8	3
Other tuberculosis forms	32	25	2	5
Cancer	279	167	36	76
Diabetes	53	40	5	8
Cerebrospinal meningitis	3	3	0	0
Acute anterior poliomyelitis	4	3	1	0
Apoplexy	294	204	47	43
Organic heart disease	479	307	88	84
Arteriosclerosis	58	33	13	12
Bronchitis	55	33	3	19
Bronchopneumonia	156	108	26	22
Lobar pneumonia and unqualified	318	238	52	28
Diarrhea and enteritis under 2 years	170	129	33	8
Hernia, intestinal obstruction	40	30	4	6
Appendicitis	41	36	5	0
Cirrhosis of liver	52	35	9	8
Nephritis and Bright's disease	414	267	60	87
Puerperal septicemia	18	13	5	0
Other puerperal affections	25	16	5	4
Congenital malformations	39	27	6	6
Premature birth	144	107	26	11
Congenital debility	39	27	6	6
Other causes, early infancy	62	47	10	5
Old age	18	13	3	2
Accidents	252	180	36	36
Suicides	48	37	6	5
Homicides	12	9	3	0
All other causes	560	382	83	95
Totals	4,191	2,847	652	692

permit an analysis which is undoubtedly serviceable and applicable to the present public health problems of the county. Their interpretation will be included in the discussion of the nursing service of the county which follows, although their prime significance is lost in the absence of adequate and comparable records of the nursing service itself.

The Public Health Nursing Service

Number of Nurses Employed:

The nursing service of the county falls into two large groups viz., first that supported by the public boards of health and education, and secondly, that maintained by private associations from

WESTCHESTER COUNTY

PUBLIC HEALTH NURSING SERVICE—NURSES EMPLOYED BY PUBLIC BOARDS OF HEALTH AND EDUCATION, AND TYPE OF SERVICE RENDERED.

	No. Nurses Employed by		Types of Service.							
	Board Health	Board Education	Infant Welfare	Pre-School	Public School	Parochial School	Employment Certification	Contagious	Tuberculosis	Supervision Midwifery
Mount Vernon	1	4	..	..	E	H	H	..	..	..
New Rochelle	1	2	H	..	E	..	..	..	..	..
Ossining	0	1*	..	..	E	..	..	..	..	..
Peekskill	1	1	H	..	E	..	..	..	H	..
Port Chester	1	1	H	..	E	..	..	..	..	H
White Plains	1	1	H	..	E	..	..	H	H	H
Yonkers	11	2	4	..	E	1	..	1	5	..
	16	12	..	..	..	..	..	..	..	..
Dobbs Ferry	0	1	..	..	E	..	..	..	..	..
Hastings	0	1	..	..	E	..	..	..	..	..
Mamaroneck	0	2	..	..	E	..	..	..	..	..
Mt. Kisco	1*	1*	..	..	E*	H*	..	..	..	..
North Tarrytown	0	1	..	..	E	..	..	..	..	..
Rye	0	1*	..	..	E*	..	..	..	..	..
Tarrytown	1*	1*	H*	..	E*	..	..	..	..	..
Tuckahoe	0	0	..	..	..	..	..	..	..	..
Other Villages	0	4*	..	..	E*	..	..	..	..	..
	2	12	..	..	..	..	..	..	..	..
Towns	0	4*	..	..	E*	..	..	..	..	..

*Part Time.

WESTCHESTER COUNTY

PUBLIC HEALTH NURSING SERVICE—NURSES EMPLOYED BY PRIVATE ASSOCIATIONS AND TYPES OF SERVICE RENDERED.

	No. Nurses Employed	Types of Service. General Visiting Nursing	Obstetrical	Pre-natal	Infant Welfare	Pre-School	Public School	Parochial School	Tuberculosis	Hospital Social Service	Industrial
Mount Vernon	5	4	.	.	.	.	.	.	1	.	.
New Rochelle	0	.	.	.	.	.	.	.	.	.	.
Ossining	2	2*	.	.	.	.	2*	.	.	.	.
Peekskill	0	.	.	.	.	.	.	.	.	.	.
Port Chester	5	1	.	.	.	.	.	.	.	1	3
White Plains	3	3	.	.	.	.	.	.		.	.
Yonkers	7	5	1	1*	.	.	.	.	.	1*	.
	22	.	.	.	.	.	.	.	.	.	.
Dobbs Ferry	0	.	.	.	.	.	.	.	.	.	.
Hastings	0	.	.	.	.	.	.	.	.	.	.
Mamaroneck	2	1*	.	.	1	.	.	.	.	.	.
Mt. Kisco	1*	1*	.	.	.	.	.	.	.	.	.
North Tarrytown	1*	1*	.	.	.	.	.	.	.	.	.
Rye	2	1*	.	.	1	.	1*	.	.	.	.
Tarrytown	1*	1*	.	.	.	.	.	.	.	.	.
Tuckahoe	1*	.	.	.	1*	.	.	.	.	.	.
Other Villages	1	1	.	.	.	.	.	.	.	.	.
	9	.	.	.	.	.	.	.	.	.	.
Towns	7	7*	.	.	.	.	.	.	.	.	.

*Part Time.

contributed funds. Tables showing the number of nurses employed by these groups and the types of service rendered accompany this report. The difficulties of observing statistical accuracy in presenting such tables are obvious. Nevertheless, they serve to illustrate the meaning of the text describing the various nursing services. After deductions of duplicates are made in counting the number of nurses who are part time workers in numerous capacities, there were 69 nurses engaged in Public Health Nursing in the county at the time the study was in progress. The same division (grouping) of cities, villages and towns has been observed in these tables as in the preceding ones. Forty-eight of the 69 nurses are employed in cities, 14 in villages and 7 in the towns or rural parts of the county. In percentages, these proportions are 69.5, 20.2 and

10.1 for the cities, villages and towns respectively. A comparison of these with the percentages of population of the county in 1915 in these various divisions, which are 68.5, 19.2 and 12.2, shows a most remarkable and striking conformity. It would seem impossible to have achieved a closer division of the personnel of the nursing service in the county by the most careful intention than that which has been developed casually. The population changes which have taken place since the last census must be taken into consideration in this connection, but these changes can only be estimated until the returns of the next census are available. The assumption that, however, this is a fair basis upon which to apportion the nursing service of the county is not warranted until the nursing needs and the adequacy of the service rendered to meet the needs in the various fields of city, village and country are considered. The definition of the needs will, to some degree, measure the adequacy of the nursing service.

School Nursing:

The largest single group of nurses is engaged in school nursing and employed by the boards of education as required by State law. Seventeen nurses are employed for full time and 11 more for part time school nursing. During the school year ending July 31, 1916, 41,334 children between 5 and 18 years of age were enrolled in the schools of the seven cities, and 17,085 in the schools of the villages and towns of the county. (Annual Report, State Department of Education, 1917.) There are, presumably, as many children enrolled at the present time. The children in the cities are supervised by 12 nurses, and in the villages and towns by the full time service of 5 nurses and the part time service of 11 others.

The duties of the school nurses are in the main routine class room inspection to discover suspected contagious diseases, home visiting or follow-up work to secure the correction of physical defects found by the annual medical examination of pupils, and the first-aid treatment of emergencies as they arise. These occupy the time fully and leave a narrow margin of time for health teaching, which, as a matter of fact, has not been a conspicuous part of the work of the school nurses.

The summary of the annual report on Medical Inspection for Free Rural Schools for 1917-18, shows that 2,378 defects had been treated of the 6,985 found.* This is approximately 33 per cent efficiency of this part of the nurses' service in the rural schools.

*Accompanying table showed figures in detail of defects found and defects treated, according to supervisory districts; as given in Annual Report on Medical Inspection for Free Rural Schools.

In two village schools, the nurses are conducting interesting experiments in health work. In Mt. Kisco, where the work is conducted by Mrs. Hubbell, weight charts of the children are kept by the children themselves. Special weight charts for children who are ten per cent below average weight are kept by the nurse, with more frequent weighing and special feeding.

The experiment in Mamaroneck was instituted by Miss Westover. Each room has its health officer and assistant health officer appointed from among the children who have the best record of personal hygiene over a certain period of time. The entire room has a health honor roll bearing the names of pupils who can qualify by observance of certain health regulations, such as clean teeth, nails, etc. The Mamaroneck experiment was very recently the subject of study by a representative of the State Department of Education and will be presented in pamphlet form shortly, as a special report of that department.

Such experiments are noteworthy in that they are a departure from the usual type of health teaching in the schools. Their importance and value lie chiefly in that they enlist the active participation of all the children in health through their normal interests and instincts and avoid the objectionable features of constant emphasis upon disease and germs "that'll get you if you don't watch out"; a policy and method of teaching which has been about as effective as the religious teaching of the fear of hell fire in attracting members to the church. They offer a new field of particularly bright promise to the school nurse and one which demands qualifications of a high order.

The results of these experiments upon the general health of the children in these schools will be of special interest and importance. For this reason, reports of the work should be most carefully recorded, that their value may be accurately measured.

The school nurses of the county are under the supervision of the Division of School Medical Inspection of the State Department of Education. Dr. Wm. A. Howe is the director of the division and Miss Bertha McChesney the supervising nurse. The division is making a most commendable effort to secure the use of a standard form of record card in all the schools, which carries the child's physical record continuously throughout his school life. A form of monthly report is also recommended by the division, although this was not commonly known among the school nurses and was in use by very few. Much remains to be done in the standardization

of record forms, a topic which will be discussed further in a later section of this report.

The importance of accurate and detailed records is not to be gainsaid, for if the work of the future is to be built intelligently, its basis is the experience of ourselves and others. It would seem highly desirable, however, to secure this material by the employment of clerks rather than by the use of nurses who are unskilled laborers in the clerical field, though highly trained in their own special field of nursing.

A precedent has been established for this in the school medical department of White Plains, where a clerk accompanies the school physician and records all examinations and other work done. The school physician, Dr. Webber, says frankly that the amount of medical work is considerably increased because of this division of labor. Obviously, it is an economy which might well be applied to the nursing service.

Infant Welfare:

The nurses employed by boards of health are engaged chiefly in infant welfare and tuberculosis nursing. The city boards of health employ eight nurses, five of whom give their entire time to infant welfare, which usually includes the supervision of midwives; three others have other duties in addition to infant welfare, which is, however, a conspicuous part of their work. One village board of health, Tarrytown, employs a nurse whose duties include infant welfare for part time. The villages of Mamaroneck and Rye each have infant welfare centres supported by private associations, with nurses giving practically their entire time to this service. The former is operating principally as a milk station for artificially fed babies. In other villages and towns, infant welfare is included in the general duties of the district nurses.

The infant mortality rate, which is perhaps the best index to the need of infant welfare work, was 82 for the cities, 80 for the villages and 104 for the towns of the county in 1916.* (Annual Report, State Department of Health, 1916.) No later reports than these, except for the cities, are available. The infant mortality rate is the number of deaths under one year per thousand live births. With the exception of Mount Vernon, the cities showed a very striking reduction in the rate over the preceding year. These are

*Accompanying table showed total births, deaths under 1 year and infant mortality rate for entire county and for individual cities and towns.

given in the order of greatest reduction: Port Chester, 46 points; New Rochelle, 31 points; Ossining, 22 points; Yonkers, 19 points; Peekskill, 17 points, and White Plains, 15 points. Mount Vernon's rate increased 5 points. The rate for the villages and towns was reduced 8 points. (U. S. Census Bureau, Birth Statistics, 1916.)

It will be remembered that 1916 was the year of the poliomyelitis epidemic. The theory has been advanced that the widespread publicity given the principles of child care together with the powerful motive for their general application during that year was the reason for the remarkable reduction in infant mortality. If the reduction continues steadily through several years, undoubtedly other factors are involved.

Prenatal service in the county is almost entirely absent. There were 7,710 live births in the county in 1916, more than half of which were to foreign born mothers; 26 per cent of these foreign mothers lived in the villages and towns of the county. In addition there were 280 stillbirths. Yonkers, in which occurred more than one-fourth of all the births, has one nurse devoting her time to prenatal and hospital social service from the Homeopathic Hospital.

The high infant mortality rate for the towns, 104 in 1916, would indicate the need of special attention to country mothers and babies. It would seem unwise to separate this service from the general work of the district nurses, because of the large area to be covered. This field as a part of rural health nursing is discussed further under the subject of organization.

The employment of midwives, chiefly among the foreign born mothers, is a complication of no mean proportions in the county. The percentage of births attended by midwives in 1916 in the cities in the order of the largest numbers, is as follows: Port Chester, 40.8%; Yonkers, 36.6%; Mount Vernon, 35.1%; New Rochelle, 19.2%; Ossining, 16.9%; White Plains, 14.5%; and Peekskill, 11.2%. In the villages and towns the percentage was 18.5.

The nurses of the board of health in Port Chester, New Rochelle and White Plains supervise the midwives' work in these communities, but of course have no supervision over their cases which occur outside the city limits, within which the health board exercises its jurisdiction.

Supervision of midwives might well be extended as a division of infant welfare work throughout the county. Midwives recognize the power of the authority of the board of health and lend themselves quite readily to supervision. The mother and baby are under supervision at an early period and may remain so as long as

the nurse is able to continue it; this is essentially the application of the fundamental principle of all baby saving programs.

The close relation between infant mortality and maternity nursing is discussed under the latter heading, immediately following.

Maternity Nursing:

Maternity nursing is a field so intimately related to infant welfare that it may well be considered at this point. It is a service rendered largely by private nursing associations, when a physician is the birth attendant. The visiting nurse associations in Mount Vernon and White Plains, and the maternity visiting nursing service of the Yonkers Homeopathic Hospital attend approximately one thousand maternity patients yearly. The associations of Peekskill, New Rochelle, Ossining and Port Chester attend a relatively small number. The fact that the reports of private associations are compiled for various fiscal years has made their use for statistical purposes practically impossible.

It is estimated that perhaps one-fourth of the births attended by physicians in the cities, and probably one-tenth of those occurring in the rest of the county receive skilled nursing care through visiting nurse associations. Comparing this with the proportions of births attended by midwives, 30% in the cities and 18.5% in the rest of the county, we may perhaps assume, with due consideration for the possibility of error in the above estimates, that a large percentage of mothers remain who have received unskilled care or none at all, and that midwives, whether trained or untrained, are giving more nursing care to the new mothers of the county than the combined nursing service rendered by nursing associations.* Even with this meagre basis of fact, it is clear that there is abundant opportunity for the extension of maternity nursing far beyond its present development.

Puerperal sepsis was the cause of 16 deaths in 1916 and 18 deaths in 1917; puerperal sepsis in addition to other puerperal affections was the cause of 20 deaths in 1916 and 25 deaths in 1917. Puerperal sepsis, or child-bed fever, has been recognized as a preventable disease for many years.

The following quotation from official reports of the U. S. Children's Bureau on maternal mortality is relevant to this point: "The care of the mother during her pregnancy and confinement should be

*Accompanying table showed number of births by attendant at birth, for entire county and for certain individual cities and towns. From Annual Report State Department of Health, 1916.

a matter of vital concern to any community. A recent bulletin of the Children's Bureau shows that in 1913, childbirth caused more deaths among women 15 to 44 years old than any disease except tuberculosis.* This bulletin further points out the close relation between the deaths of infants occurring in the first days and weeks of life and the proper care of the mother before and at the birth of her baby; also the fact that each death at childbirth is a serious loss to the country, since the women who die from this cause are lost at the time of their greatest usefulness to the state and to their families. Moreover, the loss to the community occasioned by the failure to safeguard women at this time can be by no means adequately measured by the deaths occurring at childbirth. Many women endure a lifetime of ill health which they date from a particular confinement when for various reasons proper obstetrical and nursing care are lacking.†

Tuberculosis:

The magnitude of the tuberculosis problem may be conceived from the fact that in 1916 there were 355 deaths in the county from the pulmonary form of the disease. This was the largest number of deaths from any single cause, with the exception of nephritis and organic heart disease. It is estimated upon authority that for each death from tuberculosis there are at least five cases. Upon this basis, there were approximately 1,800 cases of tuberculosis in the county in 1916. Sixty per cent of the deaths occurred in the cities, 10% in the villages and 30% in the towns. It is found that of the 106 deaths in the towns, 74 occurred in the town of Mt. Pleasant outside of its villages. This is more than 20% of the entire number of deaths in the entire county. Although the record does not so state, it is probable that a large number of these deaths occurred at Eastview, a county tuberculosis hospital, which lies just within the town limits.

Five nurses in Yonkers are giving full time to this problem through the Municipal Tuberculosis Dispensary, and one nurse employed by the Anti-Tuberculosis Society gives full time to tuberculosis in Mount Vernon. Fifteen other nurses employed by pri-

*Meigs, Dr. Grace L.; Maternal Mortality from All Conditions Connected with Childbirth in U. S. and Certain Other Countries. Pp. 7 and 9, U. S. Children's Bureau Publication No. 19. Washington. 1917.

†Bradley, Dr. Frances Sage, and Williamson, Margaretta: Rural Children in Selected Counties of North Carolina. U. S. Children's Bureau Publication No. 33. Washington. 1918.

vate associations give part time to this work in the cities. In the villages and towns 13 nurses give part time to it.

Dr. Eichel of the State Department of Health, in an able report of a tuberculosis survey of Yonkers in 1917, makes it clear that the need of tuberculosis patients were inadequately met; his report is equally clear and emphatic that the city held the power of meeting this obligation by fuller use and coordination of its facilities. The report contains valuable constructive criticism, which is applicable to the building of the Public Health Nursing program of the county. Extracts relevant to this from his report follow:

"It is clear that in the solution of so complex a problem as that of tuberculosis the resources of no one agency alone are sufficient. Harmonious and active co-operation between all concerned is a vital consideration. There is an expressed willingness on the part of all concerned in charitable work for tuberculosis families to coöperate but there is a prevailing misconception of the import of the term. The campaign has progressed to a stage where individualistic social efforts must be supplanted by coordinated and cohesive action, and machinery must be devised for this purpose."

"Tuberculosis is being more and more regarded as a local problem. Therefore the potential and active forces of the community must be properly mobilized. An illustrative phase of the Yonkers situation is that of Public Health Nursing. The field nurse is today perhaps the one most important single agency in tuberculosis work, with the exception of the hospital. Last year the Yonkers' Health Bureau, Department of Education, Hospital Commission, Homeopathic Hospital, and St. John's Visiting Nurse Association, had 16 nurses and two assistants doing essentially public health and social service nursing along lines so closely related to tuberculosis control as infant welfare, school inspection and maternity work. The tremendous possibilities for augmented efficiency of this group were indicated in 1916 in the report of the New York State Health Department on Public Health Nursing in Yonkers; and this has special significance today in the development of tuberculosis work. The opportunity is large for cooperation between the nursing forces in Yonkers."*

Contagious Diseases:

This group of diseases usually includes scarlet fever, diphtheria, measles and whooping cough and affects children chiefly.

*From a Tuberculosis Survey of Yonkers, by O. R. Eichel, M. D., Director Division of Vital Statistics, New York State Department of Health, 1917.

By reason of their highly infectious nature, they are commonly under the control of boards of health and for the same reason have not been attended by Public Health Nurses. Because they are reportable to public boards, a fairly accurate knowledge of their prevalence in a community during a given time is available, though measles and whooping cough are both less likely to be completely reported than scarlet fever and diphtheria. A false sense of the relative harmlessness of the first two diseases is prevalent, and is undoubtedly responsible for the needless exposure of many children to them. There were 53 deaths and 3,441 cases of measles and whooping cough as compared with 46 deaths and 992 cases of scarlet fever and diphtheria in the county in 1916. Pneumonia is very frequently a fatal complication of measles and whooping cough and many deaths ascribed to pneumonia are due to them primarily.

One nurse of the Yonkers Board of Health gives full time to contagious cases. The nurse of the White Plains Health Board gives part time to contagious work. With the exception of these two nurses, the patients suffering from these diseases are not cared for by public health or district nurses.

It is conceded by eminent health authorities that a properly trained nurse by the observance of aseptic technique may attend contagious cases and go from one to another without danger of cross infection. This has been the accepted procedure and habit of physicians and no comment is created by it, which perhaps proves how thoroughly it is accepted by the general public. The need for Public Health Nursing in this field is attested by the large number of cases occurring every year in the county. The nurse in her bedside care of an acutely ill child has no better opportunity for teaching the principles of personal hygiene and the control of infection. It is quite reasonable to expect not only a reduction in the mortality from these diseases through adequate nursing care, but a commensurate reduction in their complicating sequelae, which are the source of many physical defects and handicaps commonly found among children; more than this, a notable result should be prevention of infection to a considerable degree.

Industrial Nursing:

The intensive industrial life of the county is found chiefly in the cities. Some of the cities, notably New Rochelle and Ossining, discourage extensive industrial development and seek suburban development. During the course of the study no attempt was made

to study this field in detail, chiefly for lack of time. It is known that women are employed in factories in considerable numbers. Certain of these may be classified as dusty trades and are, therefore, dangerous occupations because of their predisposition to cause respiratory irritation which may be followed by tuberculosis or other respiratory infections. Chief among this class are cloth and hat factories and carpet works.

Large industries in various parts of the country find that the employment of an industrial nurse pays in reducing the amount of work days lost by reason of unattended or neglected illness. Three industrial nurses are employed in Port Chester; there are probably others employed in this capacity in other cities but the number was not determined. The nurses in Port Chester are concerned chiefly with keeping the men at work and with factory sanitation. They do no bedside nursing. Patients requiring bedside care are referred to the district nursing association which has one nurse for the entire city. Obviously here lies one of the inadequacies of the present service. Plans for readjustment can only be made after a careful study locally of all the factors involved, which was clearly not within the province of the present study.

General District Nursing:

A sharp distinction has been made in the county between Public Health Nursing and district nursing, the former meaning instructive nursing exclusive of bedside care, and the latter bedside care as well as instructive supervision. This distinction has been maintained and observed quite rigidly, with rare exceptions, by nurses employed by public boards. The limitation of the work of the latter group has undoubtedly been imposed by the legal and political limitations of the organization of the public boards over which they themselves have little or no control. The care of patients requiring bedside nursing has, therefore, devolved upon nurses employed by the private associations. The general tendency to disassociate the term of Public Health Nursing from this service is sincerely to be regretted; it is in fact public service of a fine type in that no discrimination is made as to class, color or creed, and is worthy of full recognition as such.

The division of labor which this distinction imposes means, of course, that in spite of the most watchful care duplication of service will occur in some instances; and that when watchful care relaxes, duplication may assume rather large proportions. By duplication is meant that two or more nurses may be visiting one family at

the same time for various health purposes; it is probable that one nurse could accomplish successful health teaching through conference with the others on the special problems, and with greater acceptability to the family. The administrative difficulties of adjustments and divisions of labor are not unappreciated. The problem deserves most careful observation and study, in order to determine a sound policy for local associations, which will assure adequate nursing care without waste for all needing it.

Sixteen nurses in the cities give full time and 13 nurses in the villages and towns give part time to general district nursing. The reports of work done by the associations of the cities of Yonkers, Mount Vernon, and White Plains, and of the Northern Westchester Association representing the rural part of the county, show 29,014 visits to 4,127 patients by 13 nurses in the cities, and 10,186 visits to 1,778 patients by 6 nurses in the country during one year. The fact that these reports were compiled for fiscal years ending September 30th, October, May 1st, and June, respectively, no two of which coincide, makes the use of these totals of doubtful value, and of limited service.

With the exception of White Plains, the reports do not give diagnoses of cases nursed, a basis upon which the adequacy of the service rendered might be measured. It is fully as important to know the kind of work done as the amount of it. For instance, is it not possible that the future policy of a nursing association might be considerably modified if it were shown that a major part of its work was devoted to the care of patients suffering from incurable diseases, and that its usefulness to the community might be considerably augmented by special attention to cases where recovery might perhaps be determined by the nursing care given?

Hospital Affiliation:

A number of hospitals in the county maintain social service departments; in Port Chester this department employs a nurse to follow up its patients and the duties of collector are added to her social service duties. Her field extends into the towns of Rye, Harrison and Mamaroneck.

Nine hospitals in the county have training schools for nurses. The largest of these is St. John's Riverside Hospital in Yonkers, which includes in its training course, affiliation with the St. John's Visiting Nurse Association, whereby the nurses receive two months' field work in Public Health Nursing in their senior year in training. Such a plan is highly commendable; it enriches the

education of the pupil nurse, enlarges the Public Health Nursing service and encourages the maintenance of high standards of technique in field work, and gives skilled nursing care to patients; it is a flexible service.

A definite obligation rests upon the Public Health Nursing bodies to assist in providing training fields for the Public Health Nurses of the future, as well as to provide nursing care for the sick of the community. Affiliation, with guarantees of adequate field work under competent supervision, should be eagerly sought as a means to this end. It is suggested that an effort be made to utilize the hospital training school resources to this end through the Westchester County Hospital Association.

Social Service Affiliation:

Much of the work of the Public Health Nurses of the county is strictly social service, as this class in the reports of several of the associations show. There is a tendency on the part of the nurses to spend an increasing amount of time with families involving problems of social service. In discussing this phase of the work one nurse thought that a very few of her families took a major part of her time. She described her "problem" family and appealed with convincing sincerity to know "what she should do with them." The problems involving delinquent and defective children and uncooperative parents seemed clearly to require the employment of experts in these fields; the nurse might well assist in helpful ways which experts should be able to suggest. It was apparently outside the province of the nurse to attempt to handle such a situation. One of the pressing needs of the entire Public Health Nursing field is the recognition of its limitations. The field is broad but its boundaries are, however, limited. The nurse may gain much by hearty willingness to share the responsibility of problem families with other experts. She may well be considered an expert in her own field and will find her field greatly enriched by greater use of special services in other fields.

Another need is specific knowledge of the available social service resources of the county, for lack of which the nurses struggle with an unequal burden. Such difficulties may be obviated by strong central organization, which is discussed under that subject in a later section.

Reports and Record Keeping:

Frequent reference has been made in previous sections to the lack of reports. A study is of value and service just insofar as its

basis is one of fact. The chief difficulties encountered in making this one have lain in the inability to secure reports sufficiently detailed and complete, and covering a given period of time in order to build a structure which would show graphically and truthfully the Public Health Nursing service of the county. It cannot be doubted that an impressive amount of good work has been done, but it is quite impossible to determine the full amount and kind without more detailed reports.

Reports serve two purposes mainly: first, as an interpreter to the public which has made the work possible through its contributions, and second, as a guide to future development of that work. The two purposes are rarely served by the same method of treatment. For instance, an interpretation may be accomplished by what may be called the "individualistic" method, describing the way the service reached "Jane, Joseph and John"; while for the purpose of guiding wisely, the "social" method may be used and the whole group of which "Jane and Joseph" may be a part are considered so that all may be served better in future. The reports available for the present study were of the "individualistic" type and are valuable indeed for the purpose for which they were compiled. That purpose, however, is limited and local in its application. An obligation, national in its extent, rests upon every local organization to interpret its work in relation to groups beyond its own particular boundaries. We are still not so far removed from the days of the war as to make this statement seem foreign and abstract to us.

The reports include a financial accounting, all for different fiscal years, in some instances including maintenance of visiting nurses' homes and in others excluding this item. Finding the actual cost of the service is an intricate and difficult problem. The importance of this matter is indicated by the fact that recently the Rockefeller Foundation appropriated $20,000 for the investigation of the cost of visiting nurse service, as a result of threatened withdrawal of large industrial contracts because its increased cost seemed prohibitive.

If the reports of work done by nursing organizations of an entire county, and its cost, can be so standardized that a complete whole is finally presented at the end of each year, a notable contribution will have been made to the cause of public health. Obviously such a result is dependent upon the full cooperation of each association in the county to that end.

Organization of Public Health Nursing Associations:

The chief distinctions between public boards and private nursing associations are in their means of support and their methods of work. The former needs no comment. Public boards tend to specialize, developing particular fields of work which seem to be urgently needed, and concentrating effort upon an educational campaign. Private associations in the main do all types of nursing and cover rather larger areas than those of public boards. The latter are necessarily limited by the boundaries of the political divisions they govern.

Specialized nursing service flourishes in the city and generalized service, so-called, thrives in the country. To mention those two terms is usually a signal for a protracted and heated discussion and it is with considerable diffidence that the matter is presented here. The sum of the discussion, however, seems to be that generalized nursing in cities has not been tried over a sufficient length of time to have proved itself and that further experiments are desirable; and that specialization in the country is impracticable because of the large area to be covered. The force of this will be made clear by the fact that the six nurses of the Northern Westchester District Nursing Association cover 70 per cent of the area of the county. Miss Mary S. Gardner's presentation of the subject in her book on Public Health Nursing may well be studied by boards of managers as well as by nurses.

In generalized nursing it is difficult to meet the demands in all branches equally according to the need and to maintain due emphasis upon the educational work under pressure of urgent demands of bed-ridden patients. On the other hand, the error may be equally serious in specialized nursing, which may fail to take account of the whole problem. Specialization, in narrowing the field, may also unfortunately narrow one's vision and spirit. It would seem that both forms of nursing service are needed, and that local conditions must be fully considered before one method is adopted and another is condemned.

Two towns, Ossining and Harrison, are initiating interesting experiments in organization on a township basis. In Ossining, the nurse is employed jointly by the school board, the district nursing association and the town. The first nurse now has an assistant. The two nurses do the school work in Ossining and Briar Cliff Manor, the follow-up work in the homes, all bedside nursing, and the nursing of the policy holders of a life insurance company. A baby welfare station is maintained and serves as a central office for

the nurses. Occasionally tuberculosis clinics are also held there. A fairly complete record system has been adopted and is in process of development. Harrison is in process of organization now. The plan is to unite all public health activities under one central body, to district the town, and to employ one or more nurses as the need is determined. Harrison had a population of 5,081 in 1915 and has an area of 17.9 square miles, which is about equal to that of Yonkers. Such corporate organizations as these will do much to unify and coordinate the nursing work of the county. The organizations of cities, villages and towns have not only great need of, but much to contribute to each other.

Another important factor in coordination is the work of the nurse employed by the county board of supervisors, who is known as the county nurse. She is at the service of any nurse in the county who needs or desires assistance with specific problems. In the three or more months since her appointment definitely constructive service has been rendered in a number of districts.

Plan of Organization of Conference:

The statement of the general aims and purposes of the Westchester County Conference of Public Health Nursing Associations in its constitution shows that the need for study of health problems and coordination of health activities is appreciated and that by the creation of the conference a hope of their realization was entertained. These aims are given here, together with the plan of organization of the executive committee in order to make more clear the discussion and the recommendations which follow. These aims are:

(1) To provide for conferences of Public Health Nursing associations of the county.

(2) To promote cooperation in the investigation and study of health problems.

(3) To coördinate the various public health activities of the county and to prevent duplication.

(4) To study public health expenditures for health in the county.

(5) To take an active interest in the county administration of public health measures; and

(6) To provide for a combined public expression of opinion on matters relating to public health.

The executive committee of the conference consists of the officers together with chairmen of all standing committees and one

representative from each association belonging to the conference. The membership consists of organizations or committees in the county, public and private, doing Public Health Nursing work. The only regular meeting designated in the constitution is the annual meeting.

Recommendations:

The Conference may more actively promote its aims and those of its associating bodies by a modification of its present organization. Upon the basis of the findings of the study, this is believed to be eminently desirable and the following recommendations are therefore submitted:

(1) That the conference become a county council of Public Health Nursing associations both public and private, with meetings of its executive committee at least eight times in the year.

(2) That the council employ as executive secretary a nurse whose duties shall be primarily the collection and organization of material for expert study and analysis of the health problems of the county, the study to include not only work done, but its cost.

(3) That the council maintain a central office with stenographic service, which shall also serve as a meeting place for the executive committee.

(4) That the council provide a practice field in rural nursing for training Public Health Nurses, in affiliation with schools giving theoretical training, such as Teachers College, which shall meet the standards required by the National Organization for Public Health Nursing and by the Red Cross Town and Country Nursing Service.

(5) That the council develop such additional facilities for the care of the sick and the prevention of illness as study and experience may indicate are needed.

*(6) That the council promote units of organization of Public Health Nursing on a township basis, so far as practicable.

It may seem that the employment of a nurse in the capacity of executive secretary may conflict with the field of the county nurse. The fact that the county nurse is employed by a public board restricts her field somewhat arbitrarily even though a rather liberal interpretation of her duties is made. It is hoped that the

*As the members of the Committee felt that a township basis was not a practical unit to work from in Westchester County, this recommendation (6) was stricken from the report before it was submitted to the Conference for its approval.

TABLE SHOWING RATIO OF PUBLIC HEALTH NURSES TO POPULATION IN EVERY STATE.
1 P.H.N. to following population (Census of 1910)
Conn. Mass. R.I. N.Y. 4,000 - 5,000
N.H. D.C. N.J. Del. 5,000 - 7,000
Ohio Mich. Ariz. Ills. Calif. 7,000 - 10,000
Vt. Md. New Mex. Pa. Minn. Utah Was. Wash. 10,000 - 15,000
Va. Mont. Ind. Me. 15,000 - 20,000
Ore. Mo. 20,000 - 25,000
Ky. Ia. Nov. Kans. Neb. N.C. La. 25,000 - 30,000
N.D. W.Va. Ala. 35,000 - 40,000
S.C. 40,000 - 45,000
Idaho 45,000 - 55,000
S.D. 55,000 - 65,000
Okla. Wyo. 65,000 - 75,000
Texas 75,000 - 80,000
Ark. 145,000
Miss. 180,000

PUBLIC HEALTH NURSES IN RATIO TO POPULATION IN EACH STATE.

The first group of States, showing one Public Health Nurse to every 4,000-5,000 of population is 36 times as well off as the last State, with one Nurse to 180,000 population.

county nurse may serve as the representative of her board in the executive committee of the council. The executive secretary as such, in the employ of a private organization, has perhaps greater freedom and opportunity for service. The two are supplementary rather than opposing to each other.

The duties as described in the second recommendation are intended to be comparable with those of an expert who is employed to study methods in business organizations. Other duties of her office will be development of affiliation with schools for Public Health Nursing by which their pupils, who are all graduate nurses, may obtain experience in rural nursing under adequate and competent nurse supervision. The salary offered should be high enough to command an expert; her duties will require scholarship as well as leadership, and that she be a student as well as a diplomat.

Conclusion:

The main conclusion reached during the study is that coordination is the most imperative need for the full realization of the common aims of the various associations. It is believed that the need for the study of health problems has been set forth in this report and that the present lack of coordination of the public health activities prevents the county from occupying a position well in the forefront of public health achievements today. Its resources of nurses and of organizations are probably not excelled in the country. Its obligation is therefore great.

It is hoped that the suggested modifications in the present organization may prove the council to be more than the sum of the associating bodies, for a nation is more than the individuals composing it; it is greater in spirit, in power and in achievement.

Editor's Note: The foregoing Report was submitted to a meeting of the Westchester County Conference of Public Health Nursing Associations recently held, and it was then voted to accept both the Report and the Recommendations.

STATISTICS OF PUBLIC HEALTH NURSES

In October, 1917, we published a summary of information collected in regard to the nursing situation, by the Committee on Nursing of the Council of National Defense. According to that statement there were then 6,000 Public Health Nurses in the United States. Previous figures, compiled by Miss Yssabella Waters and published in the PUBLIC HEALTH NURSE QUARTERLY of January 1915, gave the total number of Public Health Nurses as 4,895, and the number of associations as 2,066.

Miss Waters has just issued a statement, as of July 1st, 1919, showing that there are now 8,180 Public Health Nurses in the United States, and 2,799 organizations; this shows an increase in Public Health Nurses of 67 per cent since the last figures compiled by Miss Waters, and an increase of 35 per cent in the number of organizations.

We publish below the complete statement of Miss Waters, showing the number of Public Health Nurses in each State; and the accompanying diagram will show how these figures work out in ratio to the population of each State.

PUBLIC HEALTH NURSES—JULY 1, 1919

Number of Nurses	8,194
Organizations	2,799
*Subsidiary	369
Places	1,262
†Referred Places	695

PUBLIC HEALTH NURSES IN EACH STATE

Alabama	54	Kentucky	86	North Dakota	15
Alaska	6	Louisiana	56	Ohio	599
Arizona	25	Maryland	122	Oklahoma	24
Arkansas	11	Maine	39	Oregon	32
California	260	Massachusetts	769	Pennsylvania	687
Colorado	26	Michigan	351	Rhode Island	117
Connecticut	268	Minnesota	181	South Carolina	37
Delaware	31	Mississippi	10	South Dakota	9
District of Columbia	53	Missouri	155	Tennessee	63
Florida	23	Montana	23	Texas	51
Georgia	77	Nebraska	42	Utah	31
Idaho	6	Nevada	3	Vermont	34
Illinois	620	New Hampshire	71	Virginia	135
		New Jersey	398	Washington	88

Indiana	143	New Mexico	3	West Virginia	31
Iowa	82	New York	1,904	Wisconsin	190
Kansas	60	North Carolina	77	Wyoming	2
	1,745	Plus	4,290	Plus	2,145
Total					8,180
				Hawaii	14
Grand Total					8,194

*A "Subsidiary Organization" is one which does not employ its own nurses, but which helps support a nurse from some other organization.

†A "Referred Place" is one which does not have a resident nurse but which is covered by a nurse from some other town.

THE MIDWIVES AND OUR FOREIGN BORN IN AMERICA

BY FLORENCE S. WRIGHT

Supervisor of Midwifery, New Jersey State Department of Health

"We don't know where we're going but we're on the way" must be the thought of a large majority of the mothers of New Jersey's foreign population.*

Especially is this uncertain state of mind true in the relations of the home. Most of us are familiar with efforts for the assimilation into American citizenship of foreign men, young people and children, but it is only recently that constructive thought has been given to the key to the whole matter—the mother of the family in her home. To the mother has fallen the hardest tasks, and aside from a comparatively small amount of "case work" when home conditions were thrust upon the attention of some social worker, she has struggled unaided with unfamiliar and often adverse conditions of life.

Without understanding our language she must cope with strange, new foods and lack of familiar articles; she must work in a house in no way like her home in the mother land; she must dress her family to protect them from a climate which may present a greater range of heat and cold, rain and shine, in the course of a week than she ever knew in her life before; she must rear her children surrounded by customs she cannot understand, by temptations she does not recognize, and by opportunities which dazzle

*Only 39.8 per cent of New Jersey's population is native born of native born parents.

her. Her children learn the language, adopt the customs and fall into the temptations or seize the opportunities. She can have little part in their plans and hopes, and while she has her own visions of her children's future, she has scant chance of exerting any great influence in their lives.

Recently the International Institutes of the Young Women's Christian Association have begun the work of explaining our country to these foreign mothers, and similar work is being organized by the Young Women's Hebrew Association.

The method hinges on the foreign language worker who is able to understand the mental processes of her countrywomen and who—familiar with old country ways—is able to help the women to

TYPE OF MIDWIFE.

adjust their lives to new surroundings without ruthless, unnecessary destruction of old habits and customs.

In New Jersey, the Division of Midwifery of the Bureau of Child Hygiene of the State Department of Health is cooperating with the International Institutes, and it is hoped that similar cooperation can be arranged with the Young Women's Hebrew Association, as their Americanization work extends in New Jersey communities.

In inviting the cooperation of New Jersey midwives for the welfare of mothers and babies, the State Department of Health is

releasing a strong force—if wisely guided—for the uniting of our foreign born mothers with our native population.*

The midwife is a woman of influence among her people. She is often held in awe by her neighbors, and the weight of her opinion is of importance. Sometimes she exploits her neighbors' trust in ways long familiar to unscrupulous lawyers, bankers, physicians and other dishonest persons who trade on the ignorance and confidence of their countrymen. Many midwives are, however, kindly women who see clearly the failings and the needs of their neighbors, and who, if encouraged and directed, can be made a large factor in our Americanization program.

TYPE OF MIDWIFE.

In two cities midwives are taking English lessons, and in one city the midwives of two counties meet regularly at the International Institute for obstetrical demonstrations and classes in child hygiene conducted by the State Department of Health. Similar classes are planned for other communities. The secretaries of International Institutes welcome the cooperation of the State Department of Health as they gain through the midwife a wider influence among the midwife's neighbors. The Institute's foreign workers often interpret for the State Supervisor. In Trenton the

*The part of the midwife in the Child Welfare Organization of the State Department of Health was fully described last month.

Polish worker is Secretary of the Midwives Association. Through the help of these foreign workers many things are becoming clear to us which, without their explanations, might never be understood. The use of the Neighborhood House of the Institute brings the State Department of Health close to the people and establishes at once a conviction that midwives, Institute workers and State officials are working together in the common cause of showing our foreign mothers not only that they are on the way, but where they are going.

TWO MIDWIVES

Mrs. Z. and Mrs. V. live in the same block in a small foreign settlement clustered about a church, two saloons, a schoolhouse and several stores.

Mrs. Z. is seldom "at home" when her Supervisor visits midwives. She owns a large house and several tenements. She reports few births, and said to her Supervisor at the first interview: "Thank God, I am rich. See," pointing out of the window at the row of tenements, "I own all those. I don't need to work." There is much reason to believe that this woman is an abortionist, and it

MIDWIFE DEMONSTRATING SUITABLE DRESS FOR AN INFANT AT A MEETING OF MIDWIVES OF FIVE RACES.

is known that she has charged as much as $50.00 to take a fellow countryman to the City Dispensary, leading him to believe that only through her influence would he be able to see the "great professor."

Mrs. V. was followed to the home of a patient where she was found graphically describing what might happen to the woman's pelvic organs if she did not stay in bed. The baby was two days old and the mother was cooking dinner. Inquiry revealed no poverty, but the woman simply saw no reason for staying in bed. Mrs. V. says that her countrywomen often do not go to bed at all for childbirth and she sees in this neglect a reason for the premature ageing of the women of her race. When asked about the women born in this country the midwife said she seldom cared for such patients, as they usually called a physician. Those she had attended, however, had been quite willing to remain in bed nine days.

Mrs. Z. sees no reason for supervision of midwives, as she has been "a midwife for thirty years and no one can teach her anything." Mrs. V. welcomes the interest of the State Department of Health. She says: "Everyone gets careless if no one sees." She certainly seems to be trying very hard to do good work, shows great interest in classes, even being willing to demonstrate procedures in the presence of other midwives, and to accept helpful criticism.

MEETING OF THE NATIONAL LEAGUE FOR NURSING EDUCATION

BY BESSIE A. HAASIS

The League for Nursing Education held a meeting in Chicago, June 24-28. There was an excellent attendance representing schools from all parts of the country; many of our old friends back from foreign service and several still in the uniform of the Army Training School. About 150 members were admitted, and the total now is 800.

Among the interesting business was action recommending changes in by-laws next year to provide for the resumption of annual rather than biennial meetings: the raising of dues from $3 to $5 a year—the continuance of the work of the inter-state secretary, the possible enployment of an Executive Secretary with permanent headquarters. It was also suggested that lay people especially interested in nursing education, be admitted as associate members. After considerable discussion it was decided not to make such a change for the present, but at the next convention to plan for such lay people, inviting members of boards, etc., to attend.

The Committee on Attendants which has worked jointly during the past year with the Educational Committee of the National Organization for Public Health Nursing, brought in a report on the basis of which the League passed the following resolutions:

REPORT OF COMMITTEE ON THE TRAINING OF ATTENDANTS

Resolved, That in the training of attendants, the factor governing the length and the type of training should be the physical condition of the patient rather than his financial resources.

Resolved, That attendants should be prepared to care for the following types of patients: the convalescent, the aged and the infirm, the chronic, for well children, and in other cases to supplement the service of the graduate nurse and when required to assume the duties of an intelligent mother.

Be it further resolved, That in preparation for these duties attendants should meet the following requirements and should be given the following instruction.

Entrance Qualifications:

Age—not less than 18 years.

Present evidence of good physical condition and of good character and moral standing.

Ability to read and write the English language and to keep simple bedside notes.

Types of Institutions in which training may be given:

Homes for incurables.
Homes for aged and infirm (infirmary).
Homes for crippled children.
Hospitals for tubercular patients.
Hospitals for mental and nervous patients.
Hospitals for epileptic patients.

Head of School:

Should be a graduate registered nurse, having had preparation and experience in teaching.

Length of Course:

Six months in an institution, during which time the theoretical and practical instruction is given, and six months under supervision and with salary either in an institution or in private homes.

Outline of Theoretical Work:

Ethics	5 hours
Household hygiene, Personal hygiene, Germs and their relation to disease	15 hours
Elementary Anatomy and Physiology in relation to its practical application to other subjects	5 hours
Nutrition and Cookery to include its practical application	20 hours
General nursing (including the household medicine closet and methods of the administration of medicine)	20 hours
Nursing of children, of the chronic, the aged, and the convalescent	10 hours
Emergencies and First Aid	5 hours
	80 hours

Be it further resolved, That it shall not be the policy of the League to initiate such training of attendants, but that when help is asked by other organizations, the preceding outline be presented as the basis for cooperation.

Bessie A. Haasis
Susan C. Francis
Amy M. Hilliard, Chairman.

The Educational Committee of the League presented a most interesting report—telling of two pamphlets prepared on the subject of shorter hours of duty for nurses (obtainable from Teachers College) of progress toward the classification of training schools in the same way that medical schools are graded, and of concrete effort on the part of training schools to eliminate routine household duties once the nurse has learned to do them well.

The Committee reported a drive to recruit nurses for the public health field—the publication of the Standard Curriculum for Training Schools and a pamphlet on hospital post graduate courses.

Mrs. Greeley was present throughout the sessions and spoke several times on the subject of rank for nurses. Since the return of many nurses from service, Mrs. Greeley has amassed a wealth of further evidence of the absolute need of rank, if American womanhood is to be able to make its maximum contribution to the country's service.

One open evening meeting was devoted to a recital of the war service of the Army and Navy nurse corps—especially the Red Cross service, the civil Hospitals and the Army School. A record of over 25,000 in voluntary service, 261 deaths, and untold service and deaths in civilian service made us proud of the way our profession met the call upon it.

The morning session was devoted to conclusions based on service abroad and proved illuminating—sometimes distressing and again highly amusing. Miss Parsons of Boston, in telling of the difficulties with having good orderlies taken off for other service, told perhaps the best story. In a tent of gassed cases an orderly asked the supervising nurse to take one patient's pulse. The nurse said, "I make it 36—what did you get?" "Why, so did I," from the orderly. "But you have put 50 on the chart!" "Yes—I know it—but 36 seemed so darned fishy when all the other guys have 60 to 65."

Among the discomforts cited were the following:

All nurses' mail was censored, in addition to the military censorship, by some of the younger officers—who did not hesitate to discuss the subject matter so read. Work was much hampered by division of authority and by limitation of equipment. There was no way of direct communication between nurses and the head of the nursing service. Nurses' living conditions were unnecessarily crowded—and so arranged that the chief nurse had no way of checking up those who might be indiscreet. Consequently only thoroughly responsible nurses should be admitted to military hospitals. Miss Parsons recommended the following changes as desirable, in her opinion:

1. Nurses should have dress uniform—and there should be some distinctive dress for nurse officers.
2. Absolute rank with pay.
3. The director of nursing service should have authority to make changes for the good of the service and should control orderly service.

4. Nurses' strength should be conserved by proper vacations, etc., for which the regulations provide but which are not always arranged by the commanding officer.

5. Lay women should be used for many of the housekeeping tasks now carried by nurses.

6. Any censorship beside the military should be abolished.

7. Provision should be made for emergency necessities.

Miss Allison, of the Cleveland Unit, who served with the British Expeditionary Forces, described better conditions provided for nurses and the nursing service in the British scheme. Even though they have not rank, nurses have the same quarters as provided for officers. In the British corps, however, discipline is much more rigid, no dancing is permitted and the nurses may not stay out for supper. Miss Allison painted a vivid picture of the night nurse going about with only a shaded lantern, watching for hemorrhages, or other serious conditions, and recited the wonderful record of one hospital which cared for 67,000 patients and did not lose one through failure to promptly recognize alarming symptoms.

Miss French, of the Mount Sinai Unit, paid a tribute to the work of the head nurses, and stated that doctors returning from army service would expect more resourcefulness, energy and dependability from head nurses in civilian hospitals, and urged that training schools introduce courses in war management.

In a paper on camp hospitals in this country, Miss Jamme enumerated some difficulties not so different from those abroad, but primarily the difficulties due to hospitals being planned and built without the advice of those who were to use them and who would suffer most from mistakes in arrangement—Miss Jamme told of the improvement in venereal and tuberculosis wards effected by placing nurses there, and of the untiring efforts of nurses under the most trying conditions to furnish the patients with hot food.

Miss Roberts, of the Camp Sherman Base Hospital, told of the difficulties of standardizing procedures with the staff coming from so many institutions. In the last 100 nurses assigned to Camp Sherman—60 training schools were represented.

Several interesting and crowded round tables were held on teaching and administrative problems. One morning session on "How Can We Improve Teaching in Nursing Schools" presented papers on the clinical methods of teaching, the revival of the teaching head nurse, and reports on college pre-nursing courses, cooperative teaching between several schools in one city, and the admission of non-resident pupils.

One session was devoted to the topic, "How Can We Prepare Larger Numbers of Well-Trained Public Health Nurses?" Emphasis was laid on the fact that while it was more and more recognized as the duty of training schools to give their pupils an *introduction* to Public Health Nursing, for the complete training needed for the important positions we must look to graduates of the post graduate courses and to promotions from staff or less important positions, until the day when our hospital training courses can be planned independently of the necessity of the service needed by the hospital from the nurse, and entirely according to the need of the student for preparation; and until the training schools have as pupils women of superior education, maturity, and wider experience of life. In this connection, it was announced that resulting from the conferences called by the Rockefeller Foundation on nursing education last winter, a thorough study of the subject would be made in the near future by Miss Josephine Goldmark, before any radical changes in curriculum could be advocated.

"Public Health Nursing" was so much in evidence at some of the sessions that one sometimes wondered whether it was a League or a National Organization meeting one was attending. By the closest co-operation between the two the cause must be, and is being best served.

ACTIVITIES OF THE NATIONAL ORGANIZATION

THE STATES AND "THE PUBLIC HEALTH NURSE"

In our last (July) issue we published a statement showing how many people are receiving THE PUBLIC HEALTH NURSE in each State, and the ratio of that number to the total population of the State. Since the publication of those figures we have received from Miss Yssabella Waters the latest figures, just compiled, of the number of Public Health Nurses in each State. On page 658 we publish Miss Waters' statement, and also a diagram which we have made showing the relative number of Public Health Nurses in relation to the population in the various States.

In the statement below we show the number of Public Health Nurses in each State and their ratio to the number of people who are receiving THE PUBLIC HEALTH NURSE, either through membership in the National Organization or as subscribers to the magazine. It must be remembered, however, that a number of lay people receive the magazine and the proportion of nurses would, therefore, be in reality smaller than that shown by our figures. In four cases, for example, the ratio shown is over 100 per cent; Idaho leads, with a ratio of 200 per cent, which, if we take it that every Public Health Nurse in the State receives the magazine, would mean that an equal number of lay people also received it—a condition which ought to exist, surely, in every State.

The fact that, if we eliminate the lay people altogether and take the figures in each State as only representing Public Health Nurses, the ratio of those receiving the magazine would still only be 38 per cent of the total number of Public Health Nurses in the country, demonstrates how greatly the active effort of every member of the National Organization is needed in order to bring within sight the day when every Public Health Nurse will realize her privilege and obligation of membership in the Organization which represents Public Health Nurses officially and collectively throughout the country.

State	No. of P. H. N. in State	Receiving Magazine	Ratio to No. of P. H. N.
Idaho	6	12	200 per cent
New Mexico	3	4	133 " "
District of Columbia	53	70	132 " "

State	No. of P. H. N. in State	Receiving Magazine	Ratio to No. of P. H. N.
Arkansas	11	14	127 " "
Wyoming	2	2	100 " "
Colorado	26	25	96 " "
Mississippi	10	9	90 " "
Iowa	82	70	85 " "
West Virginia	31	25	81 " "
Texas	51	40	78 " "
Kansas	60	41	68 " "
Montana	23	15	68 " "
Nevada	3	2	67 " "
South Dakota	9	6	67 " "
Kentucky	86	55	64 " "
North Dakota	15	9	60 " "
Oklahoma	24	14	58 " "
Washington	88	51	58 " "
Tennessee	63	36	57 " "
Virginia	135	75	56 " "
Ohio	599	333	56 " "
North Carolina	77	41	53 " "
Georgia	77	39	51 " "
Louisiana	56	28	50 " "
South Carolina	37	18	49 " "
Rhode Island	117	54	46 " "
Maine	39	18	46 " "
Massachusetts	769	350	45 " "
Delaware	31	14	45 " "
Vermont	34	15	44 " "
Oregon	32	14	44 " "
Alabama	54	24	44 " "
Maryland	122	53	43 " "
Missouri	155	67	43 " "
California	260	107	41 " "
Connecticut	268	105	39 " "
Minnesota	181	71	39 " "
Florida	23	9	39 " "
Wisconsin	190	70	37 " "
Michigan	351	126	36 " "
Arizona	25	9	36 " "
Illinois	620	214	35 " "
Indiana	143	48	34 " "
New Hampshire	71	24	34 " "
Utah	31	10	32 " "
Pennsylvania	687	183	27 " "
Nebraska	42	10	24 " "
New Jersey	398	90	23 " "
New York	1,904	386	20 " "
Alaska	6	...	..
Totals	8,180	3,105	38 " "

THE NEW YORK OFFICE

During the month of June 82 new members were added to the National Organization, of whom 70 were admitted as Active Members, 8 as Associate Nurse Members, 2 as Active Corporate and 2 as Sustaining Members.

Miss Helena Stewart, formerly State Supervising Nurse, Ohio, has taken over the work of the placing bureau of the New York Office for the summer; and on June 9th Miss Pearl Braithwaite joined the staff to take charge of the eligibility work and give other assistance, and Mr. James Rerty assumed his work as Publicity Secretary.

The Educational Secretary, who has directed the work of the office during the month, attended the National Conference of Social Work in Atlantic City, of which she is Secretary of the Health Section, and also the meetings of the National League for Nursing Education, held from June 24 to 28 in Chicago; at one of the latter meetings she spoke on the subject of "Present Conditions of Supply and Demand in the Public Health Nursing Field." Mrs. Haasis also spoke to about 85 Public Health Nurses at the Institute conducted by the Pennslyvania Department of Health at Mt. Alto; and at the Institute for Public Health Nurses held in St. Paul by the Minnesota Public Health Association. She also had a conference with the faculty committee of the University of Minnesota, where a course in Public Health Nursing is being planned for the fall; and spent one day in Buffalo, conferring with the Red Cross, executives of the Visiting Nurse Association and representatives of the Associated Charities, who are planning a Public Health Course for the fall to be given in connection with the University of Buffalo.

During the month, people of importance have sought the aid of the Organization, from Belgium, Texas, Arizona, Washington, Oregon, Nevada, Wyoming, New Mexico, Oklahoma, Kentucky, Illinois, New York and Connecticut.

An interesting event of the month is the formation of the first Section in the National Organization, on Tuberculosis, as an outgrowth of the Standing Committee on Tuberculosis. This was accomplished at the annual meeting of the National Tuberculosis Association in Atlantic City. The following officers were elected: Chairman, Bernice Billings, Utica, N. Y.; Vice Chairman, Mary A. Myers, Indianapolis, Ind.; Secretary, Emma L. Allen, Jersey City, N. J. This is the first standing committee to organize as a section, though similar action is pending in the standing committees

on Infant Welfare and School Nursing. Such action was especially recommended at the Directors' Meeting last spring.

The Occupational Bureau has received five new applications for positions from nurses during the month and 17 new requests for nurses from associations; six nurses have secured positions through the office, and 34 nurses have been recommended to associations.

DEMONSTRATION IN LOUISIANA

Miss M. Estelle Coale has carried on the demonstration in St. Mary's Parish, Louisiana, since June 10th, when Miss La Forge left for Chicago. Investigations show that actual nursing care must be given in order to prove to the people that the demonstration is effective, and an incident which happened the first day after the equipping and opening of the office helped very much in this direction. The nurse was called to see a very sick baby and found the child very cold, a house full of people and the mother very nervous. The various people were asked to stay away from the child, the mother was helped to make it more comfortable, warm irons were put to the legs and feet, which were rubbed briskly until the circulation was better. When the nurse left, the child was better and next day, when the doctor came, he approved of all that had been done. The little mother was very grateful for the help and the news of it has spread far and wide.

A chairman has been secured for the Advisory Committee in one town of about 4,000 inhabitants, and the nurse met with the committee and discussed plans for work. A room has been donated by the town for use as a Health Center, where the mothers can meet the nurse; one man gave money for a permanent exhibit to be kept in the room, and scales were also donated. At the first meeting about fifteen mothers, mostly colored, were present and a general health talk was given and a model baby's outfit was shown, the actual cost of everything being told. The following week a talk was given on "The Care of the Mother Before the Birth of the Child," and each person present promised to bring another mother to the next meeting, when the subject will be "Care of Mother after the Birth of the Child." The colored women seem to be much interested in the feeding of the children, and this is a direction in which help is much needed, as many poorly nourished children are found.

Miss Coale has met and talked to 25 midwives and found them all willing to be taught the use of disinfectants, boiled water and

sterilized goods. She has also talked to eleven groups of colored and white people, including plantation negroes, groups in the country, a white French settlement at the extreme end of the Parish, and nurses in training. One interesting meeting was held at a church, and when the nurse arrived she found about 150 colored men and women gathered together; she was seated in the pulpit, and after she had given her talk the entire body seemed interested and offered to do anything to help the work.

LIBRARY DEPARTMENT

Some New Magazines and What They Mean to Public Health Nursing

What can be a better index to the growing interest in public health work than the need of more technical periodical-literature? If you could pay a visit to the Library in the New York office of the Organization, your eye would be caught by several new titles on the magazine table where the weeklies and monthlies are displayed for the use of nurses visiting our office. They make you realize how live each phase of public health work is—how much has been done and how much more there is yet to be done.

The American Child, Modern Medicine, and *Industrial Hygiene* are three publications announced since May 1st and your attention is called to them all with the hope that you will find them a definite aid in your own line of interest and that you will be able to put them at the disposal of others who are not familiar with your work and its far reaching activities. With the spreading of the best current information on our work two results will be gained, (1) progressive standards of nursing, sustained by our workers intelligently, (2) a more general recognition on the part of the public at large of the importance of these standards, and their intelligent support.

Journal of Industrial Hygiene:

The interest will be caught immediately on picking up this magazine. It comes in a good looking cover of brown—well typed and clear—showing an editorship drawn from the United States and Great Britain. This latter is significant, for all American eyes are turned toward the adjustment of England's industrial prob-

lem and whatever reports are made concerning hygienic conditions and regulations in that country will be of inestimable value to American health workers. A glance at the "abstract of current literature, domestic and foreign" published at the end of each number, will reveal to the industrial nurse the vast importance of keeping herself well informed as to the great proportions her work is assuming. She will be interested in knowing that this magazine and Florence S. Wright's new book, "Industrial Nursing," both come from the same publishers—MacMillan Company.

One article in the June number stands out as being particularly worth reading, even though it is not written for the especial benefit of "visiting" or "bedside" nurses. It is entitled "Human Health and the American Engineer" by G. C. Whipple, of Harvard University. He suggests a new word for the vocabulary of overworked technical terms—instead of speaking of efficiency, he would substitute *beneficiency*. It is an obsolete term, but by re-establishing it, it would be used to mean efficiency plus humanity. The discrimination he makes is a nice one. While the entire article is from an industrial point of view, it has decided interest for all doing community work.

Modern Medicine:

The form and type of this magazine resemble the *Modern Hospital*, as the two magazines are published by the same company. The subject matter of the articles differs from the *American Journal of Medicine* in that *Modern Medicine* gives no reports on medical cases, but suggests by its sub-title that the policy of the editors will be "The Application of Medicine and the Allied Sciences to Industrial Efficiency and National Health." Public Health Workers will be interested in an article (June) by Dr. S. S. Goldwater, in which he gives a comprehensive "Syllabus of Activities for Protection and Promotion of Nation's Health." It will be suggestive and useful to all—from the angle of rural nursing as well as municipal.

The American Child—A Journal of Constructive Democracy:

To introduce this magazine is to say that it was formerly the Child Labor Bulletin. With the May number it took this new title, but kept its old publishing board. Among the listed names of contributors, there are included the names of Owen Lovejoy, Edward Clopper, Julia Lathrop and others. The articles deal chiefly with "New Standards in Child Protection" which recommends it to all who are concerned with school nursing and child welfare work.

Infant Welfare Leaflets

There are two sets of leaflets on infant welfare work, ready for distribution. They are advertised as "yours for the asking," one set published by the Children's Bureau, and the other by the *Delineator,* through its Infant Welfare Department, directed by Carolyn Conant Van Blarcom. The need for such literature is great and the library is glad to recommend these leaflets, as they give just the right information in short concise form, and should make an appeal to the busy mother; also to the foreign mother who finds reading a labored process. The nurse must keep in mind the necessity of various forms of follow-up work and such aids as the printed word should not be overlooked. An incident is called to mind of a nurse, no longer in active service, who walked many blocks on a hot afternoon, hunting the office of the Library. When she arrived, rather breathless, she explained that she wanted some booklets or "anything printed" that she could take to a certain family, where the baby was not having proper diet. The mother did not seem to realize the importance of the baby's food, but the ex-nurse felt sure that an appeal could be made to the father if she could "just" drop a booklet on the table where the newspaper was read at night. Needless to say, pamphlets and leaflets were supplied, not only for the mother, but also for the "foolish girl" who suffers from colds and will not wear enough warm clothing in winter. Such an opportunity for the application of psychology to a difficult situation often presents itself to the Public Health Nurse, and when taken advantage of, proves her knowledge of human nature.

Florence Nightingale

Members of the Organization may be interested in the demand that has recently been revived for Mary Aldis' pamphlet, "Florence Nightingale—an Appreciation." It was published by the Organization from a paper read by Mrs. Aldis at the Fortnightly Club of Chicago, April, 1914, and was based on the biography written just previously by Sir Edward Cook.

In addition to this two volume work on the life of Florence Nightingale, there was published some months ago, the much discussed book, "Eminent Victorians" by Lytton Strachey. This letter throws a new light on the character of our dear "Lady with the Lamp," and gives a better understanding of her many difficulties and the never failing force she brought to meet them. The author shows how she was irresistibly impelled toward her life work, by what seemed the perversity of madness. He says that a "demon

possessed her"—that "it was not by gentle sweetness and womanly self-abnegation that she brought order out of chaos in the Scutari hospitals." After reading, one realizes with renewed comprehension the significance of Longfellow's picture of her:

"A Lady with a Lamp shall stand
In the great history of the land,
A noble type of good
Heroic womanhood."

The library would greatly appreciate having readers of The Public Health Nurse send in clippings from local papers and bulletins, on the activities of their own nursing field, also pamphlets and reports that might not come to the notice of the librarian. At present the number of pamphlets on file is about 3,000, with 1,200 clippings. Packages of material have been loaned to Montana, Florida, Kentucky, and many other states during the last month. The librarian greatly appreciates the care shown in the promptness of the return of such loans.

BOOK REVIEWS AND BIBLIOGRAPHY

RECONSTRUCTION THERAPY. By William Rush Dunton, Jr., M. D., Assistant Physician at Sheppard and Enoch Pratt Hospital, Towson, Maryland; Instructor in Psychiatry at the Johns Hopkins University; President of the National Society and of the Maryland Society for the Promotion of Occupational Therapy; Secretary of the Maryland Psychiatric Society. Illustrated. W. B. Saunders Company, Philadelphia and London. 1919.

Undoubtedly conceived in a spirit of earnest helpfulness, and conscientiously continued through 235 pages of text and index, this book presents much suggestive material for the consideration of work therapeutists and others having to do with the care of the disabled, whether by war, accident or disease, and in the realms of both physical and mental incapacity. Chiefly is it written from the standpoint of the physician director of industries and recreations in hospitals for mental patients, but for use in other hospitals and for the nurse and the teacher there is not lacking good advice and illuminating exposition on a subject not too well known, and not always intelligently applied, though, of course greatly developed since the demand arose to rehabilitate disabled soldiers. Yet even Dr. Dunton, it seems to us, lays insufficient emphasis on perfection of training and technique on the part of the instructor and surely those nurses and attendants must be very keen witted who can in twelve lessons grasp so much as the rudiments of the ten subjects mentioned as "a rather simple" course given by the medical director-instructor for their benefit, and including besides other arts—the word is not the author's—games and string work, reed basketry, leather, wood, and metal work. But Dr. Dunton has been for some time a successful ergotherapist—a form of which word he does use—and presumably knows whereof he speaks, which the present reviewer can in no wise claim to do. And, naturally, any even half-way interested nurse would carry on for herself further research or study in order to be fitted for her task of interested helper or companion in the tasks assigned her, or his, patients.

A distinct blessing appears in the emphasis laid on Improvement Courses for the pupil nurses in mental or any variety of hospitals. If in training schools generally, since not only the admission age, but the educational standard for probationers has been

lowered in recent years, it could be required of the pupil nurses, and time allotted to undertake systematic reading, lecture and, where possible, museum instruction in general educational and broadening subjects, not only would the nurse at graduation be a finer product but the patient under her care could conceivably be less bored and more definitely and pleasantly helped to a happy state of mind when it becomes a question of ten or more hours of association of nurse and patient in the sick room, or the hospital ward. This sort of companionship is perhaps not only an art but also a science, certainly one needs a large equipment for success therein.

The book has a chapter on Prosthetic appliances, and Occupational Therapy and the War comes in for attention, as does also Physical Education—an interesting few pages—Occupation for the Feeble Minded, for the Blind—sympathetically written—the necessary discussion of Finance and Sale of Products, and there is a valuable Conclusion—a Bibliography and an Appendix. We quote the concluding sentence of Dr. Dunton's *credo*: "That sick minds, sick bodies, sick souls, may be healed through occupation"—surely a belief that is well worth putting into effect for the handicapped members of our social organization wherever and whenever this is possible.

M. C. B.

A Text Book on Home Nursing. By Eveleen Harrison. The Macmillan Company, New York. Price $1.10.

This second edition of *A Text Book on Home Nursing* is the result of the author's realization of the need of nursing help in the homes when the Great War called such large numbers of nurses into service. Miss Harrison has carefully avoided the possibility of inspiring the overconfidence of these "home nurses" but has planned an easily interpreted and very explicit reference book for those who find themselves confronted with the duties of a sick room.

The book is well indexed and the chapters are each summarized, making quick reference possible in emergencies. The methods for the care of patients are modern and scientific, the home improvisions are carefully worked out, and the well-ordered sick room and routine of daily duties as the background for the comfort and recovery of the invalid are appreciably emphasized.

SECTION OF PLAYGROUND, SHOWING SQUADS PRACTISING.

In brief, the chapters contain:

1. Choice and preparation of room and bed—ventilation.
2. Comforts for the patient.
3. Temperature, pulse, respiration. The giving of medicines.
4. Baths—cleansing and medicinal.
5. Symptoms and nursing of infectious diseases.
6. Prevention and care of colds and coughs. Nursing in grip, bronchitis and pneumonia.
7. Observation of symptoms in the care of children.
8. Counter-irritants. Douches, enemata.
9. How to prepare for a surgical operation. Care of patients before and after operations.
10. First Aid in emergencies.
11. Dietetics—dainty dishes and how to serve them.
12. Recipes for invalid cooking.

E. M. H.

THE BLIND: THEIR CONDITION AND THE WORK BEING DONE FOR THEM IN THE UNITED STATES. By Harry Best, Ph. D. The Macmillan Company, New York. Price $4.00.

STUDIES OF THE MEDICAL AND SURGICAL CARE OF INDUSTRIAL WORKERS. By C. D. Selby, Consulting Hygienist, United States Public Health Service. Public Health Bulletin No. 99. Illustrated.

THE AGRICULTURAL AND INDUSTRIAL COMMUNITY FOR ARRESTED CASES OF TUBERCULOSIS AND THEIR FAMILIES. A STUDY. By H. A. Pattison, M. D. Issued under direction of the Advisory Committee of the National Tuberculosis Association as a contribution to the study of the problems relating to the rehabilitation of the tuberculous. Published by the Federal Board for Vocational Education: Bulletin No. 32, Re-education Series No. 6.

Adenoids are handicapping more than 10 per cent of the American children in attaining normal, healthful development to manhood, according to a recent extensive survey in population centers conducted by the United States Public Health Service. As one of its contributions to improve the nation's health and strengthen its manhood the Public Health Service has prepared a booklet on adenoids, for distribution to parents and school authorities. This booklet, "Adenoids" will be mailed to any parent or teacher sending a request to the Bureau in Washington.

NOTES FROM THE FIELD

NATIONAL PHYSICAL EDUCATION SERVICE

Where there is intelligent instruction in health principles there is an upbuilding of health. The Public Health Nurse has for years, in certain communities, been preaching sanitation as a disease preventive, with a marked change for the better in the physical status of the families visited. Children who are instructed by school nurses, too, spread the gospel of better health by reporting at home that vigorous helpful exercises ward off attacks of disease.

Out of the war have come embarrassing statistics as to our national physical standards, which must be remedied. The best intelligence of the country and the best experience along physical training lines are essential and are being contributed to show the existing needs and the best remedial courses to pursue. In this work the Public Health Nurse can contribute a great share by keeping abreast of the forces which will bring about eventually a national physical education program.

The National Physical Education Service, established at 818 Connecticut Avenue, Washington, D. C., by the Playground and Recreation Association of America, represents the co-operative effort of more than thirty organizations working to secure progressive State and Federal legislation for physical education.

At a meeting in Chicago on April ninth, representatives of twenty-two of the co-operating agencies formed a plan of organization and combined action, pledging united effort under the leadership of the National Service.

Mr. E. Dana Caulkins, Manager of this Service, read a report of the first four months' work, describing the sending of seven special representatives to assist in the promotion of legislation in thirteen states, the placing of magazine articles, the publication and extensive distribution of pamphlets, the promotion of addresses on physical education by prominent men (including two cabinet officers) and arranging for the presentation of the subject of physical education at twenty important conventions. C. W. Savage of Oberlin College is acting as Field Director of the service.

Unanimous sentiment was apparent for immediate effort to translate into operative legislation the new popular sentiment in favor of physical education. Reports showing one-third of the

DUMB BELL DRILL.

drafted men physically disqualified, and similar revelations of the recent war, proved beyond a peradventure that the physical fitness and physical development of the citizenship is a public responsibility, and that failure to make proper provisions may in time of crisis result in national calamity.

Thirteen states were reported to have at the present time more or less satisfactory laws providing universal physical education in the schools. Attention was called to the $100,000,000 Federal bill creating a Department of Education headed by a cabinet officer and including a provision of $20,000,000 for physical education. Those present were in hearty agreement that the passage of this bill would mean adequate acceptance by the Federal government of its rsponsibility for physical education.

The National Physical Education Service will also actively support proposed legislation giving the States Federal assistance in the promotion of physical education, but not involving a general reorganization of the present educational system of the government.

The pressing importance of this movement to build up and fortify the physical fitness of the nation cannot fail to elicit from every forward-looking organization an abundant and enthusiastic co-operation.

AN INSTRUCTION CAMP FOR PUBLIC HEALTH OFFICERS AND NURSES

For some years, the Pennsylvania State Department of Health has maintained about 100 tuberculosis dispensaries throughout the State, each with one or more nurses, and with part time physicians. In Pennsylvania, county health officers and local health officers are also subsidized by the State Department of Health for duties performed for it. This year the new Health Commissioner, Dr. Edward Martin, decided that it would improve the understanding of the workers and the department if these various people were brought together in what was called an Instruction Camp. Tents were procured from the State Armory and about 75 of them, with two assembly tents, were pitched on the grounds of one of the State sanatoria, in the mountains near the Maryland border, Mt. Alto, a beautiful spot. The nurses and health officers were called to come in two groups, for ten days each. At each session there were about 50 health officers and about 80 nurses. Military order prevailed, all rising at the call of the bugle for setting up exercise

at 6:30 a. m., and lights out and quiet at Taps, 10:30 p. m. Nurses and health officers sat side by side while the various officials of the State Department explained the functions of their departments and how they needed the help of the field staff. Questions flew, suggestions, and there was a splendid development of *esprit de corps.*

Most of the lectures and conferences were for the whole group, but each day the nurses had some work by themselves, demonstrations by a teacher from the State Agricultural College, or conferences on nursing problems. The health officers had their separate conferences, too, and those who were physicians attended clinics, autopsies, etc. For ten days the staff lived and learned together; than they went home and the other half came for ten days. All were enthusiastic about the help it would be to them in going back to their districts to enlarge their work, for the State department now hopes to drop the word "tuberculosis," and make diagnostic general clinics of the hundred odd centers.

The discussion and questions made it very evident that the Public Health Nurses are a very important factor in health administration. Health officers came to understand the nurses' problems better, and the nurses came to understand better the limitations under which health officers and the State department labor.

This gathering, together with a somewhat similar gathering of Health Officers and Public Health Nurses, called to Saratoga Springs by the New York State Department of Health, mark a new stage in Public Health Nursing. Let us hope that next year at least a dozen States will follow this plan, for the better team work it will bring about through increased understanding and sympathy between all those who are engaged in the task of protecting the public health.

A MEETING OF HEALTH OFFICERS AND PUBLIC HEALTH NURSES

The New York State Department of Health called a meeting of Health Officers and Public Health Nurses at Saratoga Springs, June 26th to 29th, and there were present about 1,000 health officers and about 250 Public Health Nurses. Meetings of the whole body were held and, in addition, the nurses held three round tables. We have received the following account of the meeting from Mrs. A. L. Hansen, who says, "I believe the conference has done more to establish a clearer understanding between Health Officers and Public Health Nurses than years of ordinary work could do. It was

extremely gratifying to the 261 nurses present to see how cordially the State Department of Health officials welcomed us, and with what courtesy and appreciation the members of the Sanitary Officers' Association admitted us to their meeting and discussion.

The Eighteenth Annual Conference of Health Officers and the First Annual Conference of Public Health Nurses has just been held in Saratoga Springs. Among the experts who addressed the conference were Dr. Peter, Secretary of the Conference of Public Health for China, Dr. Flexner of the Rockefeller Institute, representatives from the U. S. Public Health Service, the State Department of Health, the American Public Health Association, and a number of other organizations engaged in public health work.

Particular interest was shown in those addresses relating to health problems arising as a result of the war, such as the proper manner of handling the situation created by the return of healthy soldiers who are still carrying the organisms of some one of the communicable diseases, and who thus become sources of infection; and in methods of combating the increase in tuberculosis and other diseases which have become more prevalent as an after effect of the influenza epidemic.

A model health center was set up, showing how communities can obtain better results at lowered cost by combining all health activities under one roof. Complete venereal disease and tuberculosis clinics were in operation and laboratory demonstrations were given hourly. A model health officer's office was also shown.

Amongst the chief points of interest brought out by different speakers were the following:

Dr. Biggs, in his opening address, referred to the Public Health Nurse as indispensable to all forms of public health work, and stated that New York State needs one nurse for every 2,000 population. Child welfare and the broader fields of public health work are barely touched, and often are not understood by the majority of health officers. Pneumonia and diseases of the respiratory tract constitute the great sanitary problem of today, as is proved by our inability to cope with the epidemic of influenza.

Mr. Homer Folks spoke of conditions in European countries, telling how tuberculosis increased 25 per cent in Italy during two years of war, whereas it had decreased 40 per cent in five years before the war. In one Italian town malaria had increased until 12 per cent of the population are victims. Conditions are worse in Greece than in any other country, but no one knows really how bad they are, because they have no vital statistics. In Serbia the agencies for health work have been wiped out; to know the losses, outside those of the military, the greatly increased death rate of the civilian population must be added to a deficit in births equal in number to all the military losses of all the other countries of the Balkans.

Dr. L. L. Lumsden described sanitation as the common sense application of the principles of cleanliness. He stated that there has been practically no progress in regard to the sanitation of rural homes, and that in the United States only one per cent of the rural homes have sanitary toilets, while 22 per cent have no toilets. Drinking water used in 68 per cent of the farm homes is polluted. Indeed, we have but scratched the surface of public health progress.

Mr. W. P. Capes, speaking on health budgets, said that most cities allow $2.30 per person for fire protection; $2.10 per person for police; and .52 cents per person for health. Except in large cities a health budget is unknown, and many health budgets cover accounts which are not health activities, such as dog catchers, etc.

Dr. John A. Smith declared that an addition of 409 Public Health Nurses should be secured for New York State immediately; he also spoke of the need for a State director of Public Health Nurses.

Prof. C. E. A. Winslow spoke of the past program of public health work as largely that of the engineer, the present as that of the bacteriologist, and the future as that of the hygienist, with education as the pivot. The nurses' teaching, he said, should rest on a solid basis of knowledge of hygiene. The nursing profession is 20 years ahead of the medical profession in the direction of socialization; there is no teacher so good or so emphatic as she who can relieve physical suffering whilst teaching. Every visiting nurse association makes an immeasurable contribution to public health; it offers the best solution to teaching preventive medicine by producing the community mother. The uniform of the visiting nurse today is very popular and second only to that of the army and navy; she it is who helps to prove that peace hath her victories as well as war.

Dr. Augustus Downing made public the proposed curriculum for hospital training schools. One year high school girls to enter training schools for a three years' course, half the time to be as now given, the other half to be spent in specialized training, and, if the specialization is in public health, a good portion of it to be spent in field work and three months in venereal disease study. Dr. Downing said that such a system will be introduced into some city hospitals not later than autumn. "Only women of culture and refinement," he said, "must be allowed to go into the homes of the poor." And, "You cannot train a nurse for public health work with the hot air of theoretical lecture." The hospital trustees were scored for not making a separate budget and appropriation for their training schools, and also for using the pupil nurses as "free labor" in the wards and to make money for the hospitals. "Training schools are often not only the support of themselves but also of the hospitals."

Miss Caroline Gray gave a very able discussion of Dr. Downing's paper, and assured the nurses that his proposition was only what the League of Nursing Education has long worked for.

At the annual dinner of the New York State Sanitary Officers' Association the nurses were invited to be present, and two, Miss Mary Laird and Mrs. A. L. Hansen, were asked to speak. It was arranged at this meeting to appoint a committee from both health officers and nurses' organizations to consider problems of mutual interest.

FIRST MINISTER OF HEALTH APPOINTED IN ENGLAND

The English Act for creating a Ministry of Health received the Royal Assent on June 3rd, and Dr. Christopher Addison, former Minister of Reconstruction, has been appointed the first minister.

MEDICAL CONFERENCE AT CANNES SECTION ON CHILD WELFARE.

Left to right, sitting Dr. F. Truby King, Dr. L. Emmet Holt, Dr. Prof. Cesare Baudel, Miss Lillian D Wald, Sir Arthur Newsholme, Prof. A. Pinard, Dr. Prof. Francesco Valagussa. Standing Dr. Fritz B. Talbot, Dr. Samuel McClintock Hamill, Dr. P. Armand DeLille, Dr. Frances Hollingshead, Dr. Maurice Pehu, Dr. Henry Kenwood, Dr. Walter R. Ramsey, Dr. William Palmer Lucas.

MEDICAL CONFERENCE AT CANNES—WOMEN DELEGATES TO THE CONFERENCE.

Left to right, sitting—Professoressa Amelia Anselmi Malatesta, Miss Julia C. Stimson, Miss A. W. Gill, Countess Roussy de Sales. Standing—Miss Carrie M. Hall, Countess Nerina Gigliucci, Miss A. Lloyd Still, Miss Lillian D. Wald.

To quote the "British Journal of Nursing": "This important measure may result in greater happiness to the Kingdom than any other Act of Parliament which has ever been passed."

IOWA PASSES PUBLIC HEALTH NURSING BILL

The State Legislature of Iowa during the session just closed passed a bill authorizing the employment of Public Health Nurses by city and town councils and school boards. Miss Helen S. Hartley, of the Iowa Tuberculosis Association, writes of this action: "The most interesting fact in connection with this bill is that it was presented as a result of a desire of a community. The first county nurse in Iowa was located March 1918 and was paid for from voluntary funds. In February 1919 there was the desire to use some public funds to expand the Public Health Nursing work in that county. There was no legal provision for expending public funds for Public Health Nursing. The bill was written, sent to the Legislative Committee of Public Health and passed both houses without lobbying and without opposition. To the Public Health Nurses of the State this appears most interesting as it indicates that the people were ready for the provision, and we hope for progressive Public Health Nursing work in the State." The bill has been signed by the Governor; its provisions are as follows:

Section 1. That the boards of supervisors, the city and town councils, and the school boards in this State shall have the power and authority to employ visiting or Public Health Nurses at such periods each year and in such numbers as they may deem advisable and to pay the salaries and expenses thereof from the funds in the treasuries of said boards and councils.

Section 2. That the said board of supervisors, the city and town councils, and the school boards in any county in the State may coöperate in the employment of said visiting or Public Health Nurses and may apportion the salaries and expenses thereof to the various territories represented by them.

Section 3. That the said boards of supervisors, the city and town councils, and the school boards shall at the time of the employment of visiting or Public Health Nurses prescribe the duties thereof which shall in a general way be for the promotion and conservation of the public health.

INTERNATIONAL MEDICAL CONFERENCE AT CANNES

We have all been greatly interested in the Medical Conference at Cannes, France, held April 1 to 11, on invitation of the Red Cross Societies of Great Britain, France, Italy, Japan and the United States, to formulate a program for Red Cross cooperation to combat disease and promote public health. In our July issue we published the report of the Nursing Committee; and we

have just received the accompanying photographs of certain groups of delegates to the Conference, which we are sure will be of interest to our readers.

FRANCE ADOPTS AMERICAN CHILD WELFARE METHODS

Notification has been received at American Red Cross Headquarters from the officials of the Seine-Inferieure, a section of France embracing approximately 2,000,000 people, that they have taken over and provided for the permanent maintenance of an organization for the protection of mothers and children, installed by the Red Cross last year. Accompanying the official communication expressing France's gratitude to the Red Cross was a gold medal.

With headquarters at Rouen, the Red Cross work among the 40,000 French and Belgian refugee children was inaugurated about a year ago. The emegency organization has now become a permanent one in the prefecture and includes a model clinic for children, prenatal clinic for prospective mothers, dental clinic, school for social service workers, courses for midwives, school teachers and students, maternity hospital capable of eventually accommodating 1,600, school for children accompanying prospective mothers, children's hospital with 100 beds and a model dairy farm that provides fresh milk and other nourishing food for children and mothers.

The success of the Red Cross plan has prompted the city of Rouen to place social workers in all its hospitals, dispensaries, public schools and normal schools and to provide playgrounds at all the primary schools. Additional dental clinics for the children are also to be established. The numerous requests from other parts of France for information concerning the plan indicate, according to officials of the Department, that the system may be adopted with slight modifications throughout France.

Word of the action taken by the French officials reached here simultaneously with the arrival in this country of Major Walter R. Ramsey of St. Paul, Minn., the American physician who organized the system and directed its operation up to a few weeks ago. Major Ramsey, Associate Professor of Pediatrics of the University of Minnesota, is an authority on social service and child welfare work, being the author of several standard works dealing with the latter subject. He has served the American Red Cross overseas for more than a year. In recognition of what he has done for the chil-

dren and mothers of the Seine-Inferieure—in point of population the second prefecture in France—the officials presented him with a gold medal. He received another gold medal from the city of Rouen.

PIONEER WORK IN ARKANSAS

Mrs. Elizabeth Keller, Public Health Nurse under a Red Cross Chapter in Arkansas, writes of her work:

The field is very promising. I will work throughout the county—it is pioneer and greatly needed, especially among the negroes who constitute about sixty per cent of the population and live in very unsanitary conditions. I am beginning my work by giving a course of health talks to the colored school teachers at the Institute, having one hour sessions every day during this entire month and having a roll call of about 200 teachers who are intensely interested in this branch, the first held for this county. You can see what a splendid opportunity this is. . . . . I will follow up this work when school opens and give health talks to the fathers and mothers, will form health clubs, also Little Mothers' Leagues, both among colored and white. During these sessions many teachers came over to me and said, "Oh, Mrs. Keller, we are so glad you are here; we *need* your help so much, for many of us live in terrible conditions. Oh, you do not know how much work you have to do!" I assured them that I did know and expected them to help me. One male teacher said he had already talked about the health clubs for the parents, and his people are eagerly awaiting the time for them.

Another item of interest: Last week I went to ————, a small town of about 500 population; very unsanitary conditions—the odor of the open privy very heavy, yet unnoticed by the inhabitants. To an audience of 50 of the representative men and women I gave an hour's talk on health and sanitation, and outlined the class work on home nursing. The chairman of the nursing committee said to me, "There are two women here who especially need your instructions—young, ignorant mothers—if we can get them interested it will be worth all to us." I was gratified after the talk to find both women joined the class; and I especially wish to emphasize the importance of the interest of one of them, both for her own sake and for that of the community. She is a young mother, 20 years of age, has four children and is five months pregnant, and knows absolutely nothing about *home* keeping or child rearing. Early in the morning she dresses in silks, high heel shoes, etc., and goes off and leaves the children in charge of a dirty, careless colored girl. Her husband keeps the only butcher shop in the town—the dirtiest, filthiest place; tainted meat on the block swarming with flies and open privies all around (can you picture it?). I learned he was very accommodating and would do better if he knew how—can you see how I can get the husband through the wife? And she waited for me after the lecture to ask, "How long will it take until the text books come? Oh," she said, "we certainly don't know *how* to live, and I want to learn how." Isn't this a splendid opportunity?

Another very serious problem we find among the colored race has come up since prohibition went into effect three months ago—that is, blindness from the use of wood alcohol. They make a toddy and drink it; they can buy it in

the drug stores. At a medical meeting an eye specialist said he had a colored woman totally blind from this cause and 12 more partially blind, some very seriously so. All this in three months. This is another form of education and warning and I am talking it wherever I go.

SOME FIGURES FROM NORTH CAROLINA

From Miss Mary Rose Batterham, Chairman of the North Carolina State Nurses' Association, we have received the following figures: There are 60 white Public Health Nurses in North Carolina; a questionnaire was sent to each of these nurses and, up to May 15th, 28 replies had been received, from which information was obtained as follows:

No. of Nurses with special training	6
No. of nurses not registered in the State	5
No. of nurses belonging to State association	11
No. of nurses belonging to American Red Cross	5
No. of nurses belonging to National Organization for Public Health Nursing	8
No. of nurses belonging to no association at all	3

The report shows that of the nurses who responded to the questionnaire only six had kept a complete record of their work, and special attention is drawn to the fact that but few nurses realize the importance of good record keeping.

NOTE: The figures recorded in the office of THE PUBLIC HEALTH NURSE show that the National Organization for Public Health Nursing has now 27 members in North Carolina, and there are in addition 16 subscribers to the magazine who are not members; these figures are of more recent date than those given in the above report, and would serve to show that many Public Health Nurses in North Carolina have recently joined the National Organization.

PUBLIC HEALTH NURSING SECTION FORMED IN WEST VIRGINIA

At the West Virginia State Nurses' Convention held at the end of June a Public Health Section was organized in the State Association. The following officers were elected: Mrs. Harriet Lounsbery, Chairman; Mrs. Maud Sheppard, Vice-Chairman; Mrs. R. J. Bullard, Secretary and Treasurer. Board of Directors: Miss Elizabeth Lowry, Miss Goldie McGraw, Mrs. Jean T. Dillon and Mrs. Susan Cook.

A ONE HUNDRED PER CENT ASSOCIATION

The Superintendent of the New Bedford Instructive Nursing Association, Jessie M. Smith, writes:

"This Association has the honor in the State of being the first Association to subscribe 100 per cent in the Fifth Liberty Loan, and we now have our honor flag and helmet of the Victory Liberty Loan in our office; also our eligibility in the National Organization for Public Health Nursing is 100 per cent and has been for seven years and we are going to keep it there—nothing is too good for New Bedford!"

Congratulations to New Bedford!

LANTERN SLIDES ON THE CONTROL OF CANCER

The Executive Office of the American Society for the Control of Cancer (Room 1503, 25 W. 45th St., New York) has a collection of nearly one hundred lantern slides suitable for use in connection with lectures on cancer before professional and general audiences. These slides, or selected assortments therefrom, will be loaned without charge to any State or local representative of the Society, or of a State or county medical society or other organization of similar standing, or to any properly qualified individual lecturer. Many of these slides can be used to advantage in connection with the lecture outline published by the Society.

* * * * * *

The Health Department of Cincinnati has opened 13 stations for the purpose of combating the after effects of influenza. Each station is in charge of a physician and nurses, and persons will be given a thorough physical examination and referred to their physicians for treatment or treated at the station.

LISTERINE

is an antiseptic aid to the professional nurse; it is readily obtainable and contributes much to the comfort of the patient because of the satisfactory results attending its employment in the sick room.

LISTERINE

is very acceptable to the bedridden and convalescent because of its agreeable odor. A refreshing sense of cleanliness follows its use, in suitable dilution, as a mouth-wash, lotion or sponge bath.

LISTERINE

may be utilized as a wash, spray or douche and has a wide range of usefulness that is referred to specifically in the literature we shall gladly mail, with a 3-ounce sample bottle, to any registered nurse on request.

LAMBERT PHARMACAL COMPANY
Twenty-first and Locust Streets,
ST. LOUIS, MO., U.S.A.

"365" for Every Day in the Year

"367" Smart Uniform With Convertible Collar

In the following materials:
French Finished Linene.....$3.75
Fine Quality Chambray or Nurses Stripe 3.75

"Once worn the best fitting Uniform of the S. E. B. Make, will never be satisfied with any other kind."

"If your dealer is out of these Uniforms write to us."

S. E. Badanes Co.

64-74 West 23rd St. New York City

WANTED
GRADUATE NURSES

We furnish Public Health Nurses with positions and Public Health Organizations with Graduate Nurses. Also furnish Nurses with hospital positions in all parts of the United States. If you are interested in securing a position anywhere SEND FOR FREE BOOK, it tells about the work we are doing for Graduate Nurses everywhere. SEND FOR YOUR BOOK NOW.

AZNOE'S CENTRAL REGISTRY FOR NURSES,
30 N. Michigan Ave., Chicago.

FOR THE TIRED NURSE

Refreshes—Sustains—Easily Prepared

The ORIGINAL Food Drink

A highly nutritious, delicious and digestible diet for nurse and patient.

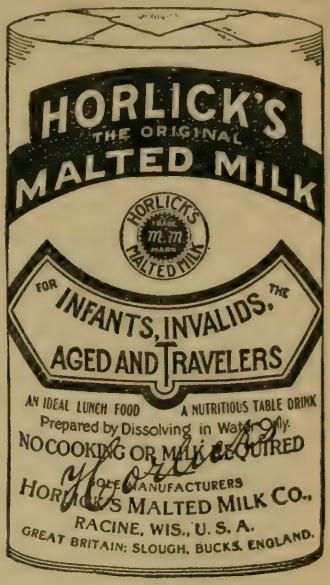
Used by leading hospitals. Endorsed by the medical profession over one-third of a century.

Samples and Reading matter upon request

Horlick's Malted Milk Co.

Racine, Wis.

Get the ORIGINAL Package


HORLICK'S
THE ORIGINAL
MALTED MILK
FOR INFANTS, INVALIDS, THE AGED AND TRAVELERS
AN IDEAL LUNCH FOOD
A NUTRITIOUS TABLE DRINK
Prepared by Dissolving in Water Only
NO COOKING OR MILK REQUIRED
HORLICK'S MALTED MILK CO.,
RACINE, WIS., U. S. A.
GREAT BRITAIN: SLOUGH, BUCKS, ENGLAND.

Avoid Imitations

NURSES! Attention Please!

I—know that your profession is making rapid strides, and—penetrating new fields.

DO

YOU—know that I can supply your needs in Ready-to-Wear in every branch of SERVICE?

YOUR WANTS and MY SPECIALTIES are SYNONYMOUS!

COLORED DRESS UNIFORMS, for Public Health Nurses, designed by— NURSES for NURSES!

COLLARS and CUFFS at WHOLESALE PRICES!

UNIFORM COATS for Public Health, Social Service and Welfare Nurses.

RAIN COATS of Military suggestion, especially adapted to your needs.

COATS for the "Week End." Smart styles in English Tweed, Wool Velour, Bolivia.

Send for Catalogue

J. R. MAGUIRE **373 Fifth Avenue** **NEW YORK CITY**

Training for Public Health Nursing in the South

The Virginia School of Social Work and Public Health offers a four months course in public health nursing beginning February 1, 1919. In co-operation with the Instructive Visiting Nurses Association, the Health Department, the Public School Nurses, and certain factories, opportunities for specialization in school, infant welfare, industrial, tuberculosis and general visiting nursing will be available.

Preparation for Rural Nursing.

Estimated total expenses for the four months course, $175 to $200. Several liberal scholarships covering tuition and living expenses also available.

For further information write the Director, 1112 Capitol Street, Richmond, Va.

The School of Public Health Nursing

Conducted jointly by

Simmons College and the Instructive District Nursing Association

offers to qualified nurses

An Eight Months Course and a Four Months Course in theory and practice of Public Health Nursing.

In all parts of the country there is urgent need for specially trained public health nurses. Graduates of both courses are greatly in demand. For information apply to the Director of the School, Miss Anne H. Strong, 561 Massachusetts Avenue, Boston.

RED CROSS PUBLIC HEALTH NURSING

Nurses qualified by training and experience in public health nursing who prefer to work in a small town or rural district, may find splendid opportunities for such service through appointment as Red Cross public health nurses.

Arrangements for a four or eight months' post graduate preparatory course will be made by the Red Cross for nurses who have not had the necessary training or experience. Scholarship and loan funds are available for this purpose.

For details concerning courses and appointments apply to Director,

BUREAU OF PUBLIC HEALTH NURSING,
AMERICAN RED CROSS,
Washington, D. C.

Please mention The Public Health Nurse when writing to advertisers.

COURSE IN PUBLIC HEALTH NURSING
WESTERN RESERVE UNIVERSITY, CLEVELAND, OHIO
1919-1920

Lectures, case discussions, class demonstrations, clinic observation, field work and excursions.

Course open to qualified graduate nurses.

Students may enter in September only for theoretical work, but the field and clinic work will be offered three times during the year, beginning October 1st, February 1st and June 1st.

Tuition for either half of the Course $75.00. Loan scholarships are available. For further information apply to

Miss Cecilia A. Evans,
2739 Orange Ave., Cleveland, O.

MOUNTAIN DIVISION AMERICAN RED CROSS
WHICH INCLUDES WYOMING, UTAH, COLORADO, AND NEW MEXICO
NEEDS
PUBLIC HEALTH NURSES

Excellent positions in county school nursing, rural community nursing, industrial nursing, and child welfare are awaiting qualified nurses who are interested in this pioneer work which presents splendid opportunities for advancement. Salaries range from $100 per month and up according to previous experience and training. One month's vacation with pay is given and travelling expenses will be paid.

For further information write:—

Bureau of Public Health Nursing
14th and Welton Sts. Denver, Colorado

The School of Social Work
Boston, Mass.

A Department of Simmons College

The One-Year Program provides special preparation for MEDICAL-SOCIAL SERVICE and social work with the handicapped.

The Second or Advanced Year gives intensive training in MEDICAL-SOCIAL SERVICE to persons of some experience in social work.

Classes begin September 15.

Address the Director,
18 Somerset St., Boston

The Pennsylvania School for Social Service

Courses in Public Health Nursing

Trains for all forms of Public Health Nursing, including Visiting Nursing, Child Welfare, Industrial Nursing, School Nursing, Tuberculosis Nursing, Medical Social Service.

4 months' course begins September 15.
9 months' course begins September 15.
Scholarships available.

Send for Bulletin to

Frank D. Watson, Director
1302 Pine St., Phila.

STATE OF ILLINOIS, Department of Public Welfare

The Illinois State Training School of Psychiatric Nursing offers a six months' post-graduate course of lectures and practical instruction in the care of mental and nervous cases to registered nurses from accredited schools. The course includes psychiatry, with clinics, psychology, hydrotherapy, occupational therapy and amusements. The field work is performed in wards reserved for the pupils of the school, and accommodation is provided in the home set apart for the training school. A certificate is granted upon the successful completion of the course. Allowance $35.

For further information

Apply to Superintendent of Training School of Psychiatric Nursing, Chicago State Hospital, Dunning, Ill.

Course in Public Health Nursing

given by

Missouri School of Social Economy

Nine months' course; also short course of half year given each semester.

Work consists of lectures, class work and field work in Public Health Nursing and Case or Family Treatment.

Tuition for short course $25.00; for full course $50.00.

School opens September 22nd. For further information apply to

George B. Mangold, Director,
2221 Locust Street, St. Louis, Mo.

Public Health and Hygiene

Syracuse University

Eight months. Open to registered nurses. University and City facilities offer abundant opportunity for practical field work: School Nursing, Baby Welfare, Board of Health, Industrial Nursing, Visiting Nurse Work, and Associated Charities. **Write for bulletin and particulars, Registrar, Syracuse University, Syracuse, N. Y.**

Miss Mary Beard is contributing an article
Public Health Nursing and Industrial Hygiene
of particular interest to Public Health Nurses,
in the August Issue

The Journal of INDUSTRIAL HYGIENE

Published Monthly with International Abstract

Editor for United States,
DAVID L. EDSALL, M. D., S. D.
Editor for Great Britain,
A. F. STANLEY KENT, A. M., D. Sc.
Honorary Consulting Editor, THOMAS M. LEGGE, M. D., D. P. H.

Associate Editors

W. IRVING CLARK, JR., M. D.
ALICE HAMILTON, M. D.
YANDELL HENDERSON, Ph. D.
EMERY R. HAYHURST, A. M., M. D.
HARRY E. MOCK, M. D.
J. W. SCHERESCHEWSKY, M. D.
C.-E. A. WINSLOW, M. S.
FREDERIC S. LEE, A. M., Ph. D., LL. D.
WILLIAM H. HOWELL, Ph. D., M. D., Sc. D., LL.D.

Managing Editors

CECIL K. DRINKER, M. D.
KATHERINE R. DRINKER, M. D.

Plan and Scope of the Journal

This Journal has grown out of the recent establishment of teaching and research in Industrial Hygiene in the Harvard Medical School and is the first periodical covering the field. Such a publication must necessarily display wide vision and therefore it is planned to deal with all the problems of industrial hygiene and sanitation and, in addition, to handle community hygiene, accident prevention, adequate medical and surgical treatment, compensation, insurance and mutual benefit associations, and reconstruction and vocational training of disabled employees. The Journal thus covers **subjects of vital interest to welfare workers** as well as subjects of interest to the leaders in both industry and labor.

Miss Beard's valuable contribution will be followed later by an important article by Miss Anne H. Strong, well known as Professor of Public Health Nursing, Simmons College, and Director of the School for Public Health Nursing of Simmons College and the Boston Instructive District Nursing Association, on "The Teaching of Industrial Nursing."

All interested in this intensely practical field should avail themselves of the material appearing in this Journal.

The Macmillan Company, 64-66 Fifth Ave., New York
Enclosed find $5.00 for which enter my subscription to the JOURNAL OF INDUSTRIAL HYGIENE for one year beginning with the August number, and until forbid.

Name.....

Address.....

.....

P. H. N.

A Demonstration Doll for Public Health Nurses

To meet the needs of the Public Health Nurse in her work of properly teaching the Mothers' Clubs or Girls' classes, and for general demonstration work, either public or private, the

USED FOR TEACHING and DEMONSTRATING
in Hospital Training Schools, Child Welfare Work, Mothers' Leagues, Baby Clinics

Chase Hospital Baby

was developed. It is the result of many years of experience in doll making combined with the practical ideas and needs of the Public Health worker.

Such materials are used in their manufacture as will permit a demonstration of the baby bath, without the slightest injury to the doll. To more nearly approach the reality the doll is weighted sufficiently to be equivalent to the weight of a baby.

FIVE SIZES

New born, two months, four months, one year, and four years.

Some of the larger sizes are equipped with copper reservoir with tube representing rectal passage and permitting practical instructions in giving enemas.

Prices quoted or literature supplied for any of these.

M. L. CHASE **Pawtucket** **Rhode Island**

When Tonic Medication Is Needed

you can depend on

Gray's Glycerine Tonic Comp.

to accomplish the results you seek.

Two to four teaspoonfuls three or four times a day means an increase of functional activity throughout the body, a prompt relief of depression and weakness, and a gratifying gain in a patient's whole condition.

Never was there a time when tonic treatment was so generally needed as it is today. In convalescence from *influenza, bronchitis pneumonia* and the *fevers,* in *indigestion, neurasthenia* and *nervous ills* and whenever a restorative remedy is indicated, Gray's Tonic *will not fail.*

The Purdue Frederick Company

135 Christopher Street New York City

Ivy Poisoning--
Oak Poisoning

The soothing action of Antiphlogistine will relieve the intense itching and burning following rhus poisoning, more speedily and effectively than any other means of treatment. Being a local affection, a local application is logically indicated. A dressing of Antiphlogistine besides rapidly reducing the inflammatory process, protects the part from contact with the hands or clothing of the patient thereby preventing a spread of the infection and a subsequent vesicular eruption.

IN SUNBURN

the beneficial action of Antiphlogistine is immediate. When the affected part is covered with Antiphlogistine the smarting is instantly relieved, the hyperaemia and erythematous inflammation of the skin entirely disappears, and dermatitis with vesication is obviated.

Antiphlogistine
TRADE MARK

is of particular value in Entero-Colitis—
especially in children.

The Denver Chemical Mfg. Company
NEW YORK, U. S. A.